	STATE (OF MARYLAND-	-CERTIFICATE OF DEATH
1 PLACE OF		.,	With the Day
	redere		Registration Dist. No.
Village or Cit	y Dred	Perech	No. /22 Watto M. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of resid	ence in city or town where		osds. How long in U.S. if of foreign birth?mosds
2. FULL NAN	IE harmy	La Samuel 1	Baseluf If U. S. Veteran, specify WAR Two
	e: No. 122 W	. 10 10 0	St. Ward.
(a) Residenc	C. 110. 2 2 22 22	(Usual place of abode)	If nonresident give city or town and State
PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. SEX Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 14 1937 (feer)
a. If married, widowe	d, or divorced		
HUSBAND of (or) WIFE of	/		1 HEREBY CERTIFY, Thet I ettended deceased from
/		11 1 011	- May 3 ,1937, 10 may ly , 1937
6. DATE OF BIRTH (1	may 3, 1934	I lest saw h. deu alive on
7. AGE Years	Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 1
/		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profess	sion, or particular ork done, es SPINNER,		
SAWYER,	BOOKKEEPER, etcuslness In which		
work was	done, es SILK MILL, ., BANK, etc		waynety from Arlane Buty
10. Oate decese	d last worked et	11. Total time (yeers) spent in this	
this occup	ation (month and	spent in this occupation	
	201	co los ent	Other Contributory Causes of Importance:
12. BIRTHPLACE (city (State or count		me.	
13. NAME	John a	Baruh	
	P	unda Co.	Name of operation
14. BIRTHPLACE		Mennie	What test confirmed diegnosis? Was there an aulopsy? M
15. MAIOEN NAM	E &	1 P 12000	23, if death was due to external causes (VIDLENCE) fill in also the following:
Ē	3	to a consistent	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Pelalerick (State or country)			Where did injury occur?
0.0.0 8 . 1			(Specify city or town, county and State)
(Address)	John a.	To a specifical	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATI	ON, OR REMOVAL	erego na.	Manner of Injury
Place Ske		re's ope may 15 , 1937	
	a Chicelon	4 1	notation injury
19. UNOERTAKER (Address)	5. Clu	Let son	24. Wes disease or injury in any way releted to occupation of deceased?
741.	The reside	recent, mes	If so, specify (Signed) M.
20. FILED Way	15.,193	La , Majuray	(Address) The Secret Assay

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	Example II		
The principal cause of dea of importance were as foll	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Line Committee of the C	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	PHIREAU V. S.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

S. No.

May 192

(94-)			1
	Registration	n Dist. No.	3 /
No To The The T	11. 1. 1		
No.	Sold Neive its NAN		number)
sds. How long in U.S. if	of foreign birth?	yrs	mosds.
S If U. S. Veteran,	specify WAR		
St., Ward.	, , , , , , , , , , , , , , , , , , , ,		
Su,walu.	If nonreside	nt give city or town an	d State
MEDICAL C	ERTIFICAT	E OF DEATH	
21. DATE OF DEATH	n	25	
	May	2)	, 193(Year)
	(Month)	(Day)	
22. HEREB	Y CERTII	FY, That I attenda	d deceased from
May 9	, 19.3.7. to	May 25	, 19.7.7
I last saw h alive on	may .	25 ,19.	Z.; death is said
to have occurred on the date state		-A.m.	
The PRINCIPAL CAUSE OF DEA'	TH and related ca	uses of importanca	
	111111111111111111111111111111111111111		Date of onset
Coronany	Och		11
7			1 day
Other Coatributory Causes of imp	ortance:		
1 2/	1		1 /
The state of the s	wassan.		
Name of a Constitution			
Nama of operation		Date of	
What test confirmed diagnosis?			
23. If death was due to external ca			
Accident, suicide, or homicide?	•••••	_ Data of injury	, 19
Whera did injury occur?	(Specify city	or town, county and St	ate)
Specify whether injury occurred i	in INDUSTRY, in I	HOME, or in PUBLIC P	LACE.
Manner of injury			
- Natura of injury			
24. Wes disease or injury in any	way related to occ	upation of deceased?	To
If so, specify			
	Asista	- Tear	M.D.
(Address)	1/		me
	The same of the sa		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy I week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	---------	-------------	------------	----	-----------

1. PLACE O		JF MAR	TLAND-		
County	Frederick		Withinshe.	Registration Dist. No. 13	
	City Freder	ick	De (II	No. 373 West Called St., death occurred in a hospital or institution, give its NAME instead of street and	
	sidenca in city or town whar		# Wyts mos	ds. How long in U.S. If of foreign birth?yrs.	
2. FULL NA	ME William		Barriok	If U. S. Veteran, specify WAR NONE	
(a) Reside	nce: No. 373 W€	st Patr		St., Med Ward M. If nonresident give city or town a	nd State
PERSO	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word) ried	21. DATE OF DEATH May (Month) (Day)	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Gertie L. Wetzel.			zel	22. I HEREBY CERTIFY, That I attended decea	
6. DATE OF BIRTH	(month, day, and year)	ctober	3.1890	I last saw h_1M aliva on_53	, death Is sai
	ears Months	Oays	II LESS than I day,hrs. ormin,	to have occurred on the date steted above, at. 10.230 m II . The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Oate ol onse
SAWYE 9. Industry or work w	lession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc business in which ras done, as SILK MILL,	Labor	er	(Right)	ants
SAW MILL, BANK, etc			time (years) ant in this 20 aupation 20	Other Contributory Causes of importance;	
t2. BIRTHPLACE (city or town) Marvland					
		rick			
Ξ		- 100 47 47 4		Name of operation	
(Stata	CE (city or town)or country) Maj	rvland		What test confirmed diagnosis? Was there a	7.
15. MAIDEN N	Alice I	Ramsburg		23. If deeth was due to axternal causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Alice Ramsburg 16. BIRTHPLACE (city or town) (Stete or country) Maryland				Accident, suicida, or homicide? Date of injury Whare did injury occur?	
17. INFORMANT Mrs. William Barrick (Address) Frederick Md.			ick	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Plece Mt. Olivet Cem Oete May 5, ,19 37			y 5, 19 37	Menner of Injury	
19. UNDERTAKER M.R. Fitchison & Son (Addrass) Frederick. Md.				24. Wes disease or injury In any way related to occupetion of deceased? If so, specify	no
20. FILED Man	1 5 , 1937 De	a g. Mil	undy	(Signad) All Quelle A	2 M.

WRITE PLA V. S. No. 1 B CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

AGE should be

stated EXACTLY. PHYSICIAMS successified. Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

(ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example I		Example II		
The principal cause of importance were a	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1 HIN 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		<u> </u>			

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS	\mathbf{BY}	PHYSICIAN
-----------------------------	--------------	---------------	-----------

V. S. No. 1

of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
rery item	ANS sho	ent of		
CORD. E	PHYSICL	ct staten		
ENT RE	TLY.	ed. Exa		-
PERMAN	EXAC	ly classifi	ite.	
IS IS A I	e stated	e proper	f certifica	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	Should	it may h	on back o	
ADING.	ed. AGE	s, so that	tructions	
TH UNE	lly suppli	plain term	See ins	
INLY, W	be carefu	EATH in 1	TION is very important. See instructions on back of certificate.	
TE PLA	plnous n	E OF DI	is very i	
-WRI	mation	CAUS	TION	

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5413
1. PLACE OF DEATH	(9.0)
County rederies	Registration Dist. No. 139
Village or City Tank I had	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Co haster Henry	Brown
(a) Residence: No. Jante nd	St. Ward.
(Usyal) face of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 9R DIVORCED (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband Natt	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1859 - 4 - 11	last saw harmalive on 1930 to 5 4 1937 death is said
6. DATE OF BIRTH (month, day, and year) / 3 / Co - / 7. AGE Years Months Oays If LES\$ than	I last saw h alive on alive on alive on the date stated above, at 4.30 m.
1 day, 4.5 ms.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, prefission, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Car Centerna of
▼ 1 J. Industry of pusiness in which	
0 10. Oate deceased last worked at 11. Total time (years)	Prastale, Tohne
this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) Dest-10	Other Contributory Causes of Importance:
(State or country) md Freduck	
13. NAME to seph. 18. I grown 14. BIRTHPLACE (city or town). M. Jing.	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
I VIII I I I I I I I I I I I I I I I I	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
[State or country]	Where did injury occur?
17. INFORMANT Ans Charles Brown (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dice tedge agreeting Oate TTI ay 18, 1937	Nature of injury
19. UNDERTAKER Willhide & Creeges	24. Was disease or injury in any way related to occupation of deceased?
(Address) The grant of	If so, specify
20. FILEO // 19 ³ 7 Ollas Colsellas Registrat,	(Signed) MSD. (Address) ASTRONO (No. 1) AND MSD.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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12.54	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
*	Section and depth from the head of the production requirements of the head of the production of the section of			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5414
. PLACE OF DEATH	(3)
County Frederick	Registration Dist. No. 13
Village or City Montever Emerge	Most St., Ward deeth occurred in a hospital synatitution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hamillan Brau	If U. S. Veteran, specify WAR 16 Velleau
(a) Residence: No. Kapehill Md (Usual place of abode)	St., Ward. Hopefull MX II nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH May (Month) (Day) (Yeer)
5a. If married, widowad, or divorced HUSBANO of	
Susie Brown.	22. I HEREBY CERTIFY, That I attended deceased from May 21, 19.37, to May 27, 19.37
6. DATE OF BIRTH (month, day, end year) Unknown	I last saw h ish alive on May 26 19 31; death is said
7. AGE Years Months Cays If LESS than	to have occurred on the date stated above, at
64 P 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Of many to 1996
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last workad at this occupation (month and	
SAW MILL, BANK, etc	
11. Total time (years) this occupetion (month end year) spent in this occupation	,
1 year) Decapation	Other Contributory Causes of Importanca:
(State or country) (State or country)	
- Tomas	Ofrice State of heile + 1820
E	71000
14. BIRTHPLACE (city or town) (State or country) Macyland	Name of operation Data of
	Whet test confirmed diegnosis?
II.	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where dld injury occur?
17 INFORMANT Evangeline Chie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Enterage Hazzital	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place of all dorth Condition 1930, 193	Nature of injury
19. UNDERTAKER ALL CONTROL (Address) And Address, Man	24-Was disease or injury in any way related to occupation of deceased?
20. FILEO 29 May, 1937 Dra ME Curly Registrary	(Signed) M. D. (Address) Zandana (201)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1 VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BURFAII	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

eri

Company

17. INFORMANT

19. UNOERTAKER

(Address)

(Address)

state

1. PLACE OF DEATH				415
Village or CityBurkitt	syille	(lf	No. St., death occurred in a hospital or institution, give its NAME instead of street and num. ds. How long In U.S. If of foreign birth? yrs. mos.	Ward
2. FULL NAME Maty El (a) Residence: No. PERSONAL AND STATISTI	(Usual place	of abode)	St., Ward. If nonresident give city or town and Sta MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female Colored	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (But J. D. Deay)	93
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Robert			22. I HEREBY CERTIFY, That I ettended dec	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6.8 0	Days 16	If LESS than I day,hrs. ormin.	I last saw h elive on, 19; d to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
kind of work done, as SPINNER, Ho SAWYER, BOOKKEEPER, etc			Coccusina of Stanasto	7
year) 1934 12. BIRTHPLACE (city or town) Chambe	11. Total ti sper occu	ime (years) nt in this 50 spation 50	Other Contributory Causes of importance:	
(State or country) 13. NAME Franklin Cals 14. BIRTHPLACE (city or town) Penna (State or country)			Neme of operation Dete of What test confirmed diagnosis? Was there an auto	
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (State or coupley)			23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of Injury	

(Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

Where did injury occur?____

Neture of Injury

If so, specify

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

VRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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RIT	tion	IUS	ON is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

State Sanatorium. Length of residence in city or town where death occurred_____ 2. FULL NAME Barnesville, Montgomery Co. Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Widower 5a. If married, widowed, or divorced HUSBAND of Katie Elizabeth Brunner (or) WIFE of Dec: 20 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Davs If LESS than Months I day,hrs. 11 75 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date decaased last worked at 11. Total tima (years) spent In this 18Yrs. this occupation (menth and 1935 12. BIRTHPLACE (city or town) ___ Marvland (State or country) William L. Brunner FATHER 13. NAME 14. BIRTHPLACE (city or town) ... Marvland. (State or country) Julia Miller 15. MAIOEN NAME 07 16. BIRTHPLACE (city or town)_____ (State or country) 17 INFORMANT Americus E. Brunner Barnesville, Md (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Barnesville, Md. Unknown, W.B. Hilton 19. UNDERTAKER EOF (Addrass) Barnesville

Frederick.

1. PLACE OF DEATH

139 Registration Dist. No. No. _____St., _____Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) 3 mos. 25 ds. How long in U.S. if of foreign birth? yrs. mos. ds. Americus E. Brunner If U. S. Veteran, specify WAR MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH I HEREBY CERTIFY. That I attended deceased from Feb. 6 19 37 to May 31, 19 37 Hast saw him alive on May 31 19 37; death is said to have occurred on the date stated above, at 2. 18 . R. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of onset Pulmonary Tuberculosis Other Contributory Causes of Importance: Tuberculosis of Mouth Name of operation none Pos Southinf ... What test confirmed diagnosis Chest X-Ray. Was there an autopsy? no. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?______ Date of Injury______ 19_____ Whare did injury occur?_____ (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury_____ 24. Was disaase or injury in any way ralated to occupation of decaased? If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitud nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 day's ago	
BUREAU V. S.				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5417 -
1. PLACE OF DEATH ,	(4.B)
County Frederick	Registration Dist. No. / 38
Village or Gity New Market	NoSt.,Ward
Length of residence in city or town where death occurred.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
100 . 10 0	
2. FULL NAME VVIANT IV. Burgess.	o. w. 1
(a) Residence: No. //estb // acres// (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
J W. Wedow	May 23 ,193 ,193 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. (1) / I HE.REBY CERTIFY. That I attended deceased from
(or) Wife of J. W. Burgess.	Oct 3/ 1935 to May 23 1937
6. DATE OF BIRTH (month, day, and year) Jan 4 1857	i last saw her alive on May 23 , 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.30 R m.
79 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Suetrie Carcinoma bries,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sastrie Ulces 1933
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	tachie oller 1733
10. Date deceased last worked at this occupation (month and year)	
year)	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town)	Citign Continuoty Causes of Importance.
(State or country) Maryland'	
13. NAME leharles Fare	
4. BIRTHPLACE (city or town)	Name of operation Date of Date
(State or country) Waryland	What test confirmed diagnosis? Churcel Was there an au'opsy? Mc
15. MAIDEN NAME CLIMA Barnels.	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State of County) Many County	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CANCER DANGELLE CONTROL (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place New Markell Date 5-26-,1937	Nature of Injury
19, UNDERTAKER W. Surfalcouly	24. Was disease or injury in any way related to occupation of deceased?
(Address) new Market Md.	If so, specify
20. FILED May 24, 1937 Lucian K. Falaner	(Signed) arment P. Raws M. D.
Registrar.	(Address) Welle warker my
15 more vianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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	Example I	i	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 3 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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	-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF	MARYL	AND-CE	ERTIFICA	TE	OF	DEATH
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1	1. PLACE OF DEATH				462	TIV
/	County Frede	erick			Within the Decrease limRegistration Dist. No. 13/	
	Village or City_F	rederick			No 230 Dill Avenue	Ward
-	Length of residence in a	rity or town where	death occurred 4	5 vrs mos	death occurred in a horpital or institution, give its NAME instead of street and number of the long in U.S. If of foreign birth?	imber)
	2. FULL NAME	100 372			Se If U. S. Veteran, specify WAR None	
1	(a) Residence: No.					
	(a) Kesidence; No.	200 511	(Usuai place		St., Ward. If nonresident give city or town and S	State
	PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
		or or race ite	5. SINGLE, MARI OR DIVORCED VICOW	RIED, WIDOWED, (write the word)	21. DATE OF DEATH May 10, (Month) (Day)	193_ ¹⁷ (Year)
5a	. If married, widowed, or div HUSBAND of (or) WIFE of Amen		sper Cr	onise	22. HEREBY CERTIFY, That I attended d	eceased from
6.	DATE OF BIRTH (month, de	ev, and year) Aug	rust 14.	1854	on n.//	; deeth is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9 : 10 A.m.	
	82	8	14	l dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.			rk	Carcinina of the Einer	Im.
IPAI	9. Industry or business work wes done, as	in which SILK MILL, A	t Home		<i>l</i>	
ည	SAW MILL, BANK, 10. Date deceased lest we this occupation (m	etc	, 11, Total ti	me (years)		
0	this occupation (m	onth and 12/	11. Total ti spen	tin this 62		
12	. BIRTHPLACE (city or town)			Other Contributory Causes of Importance:	
	(State or country)	Penna.)		Constitu - Chronic	************
ER	13. NAME Will:	iam Brea	ım		Cholicate to	
ATH	14. BIRTHPLACE (city or		erville		Name of operation	
	(State or country)		nna		What test confirmed diagnosis? Clean Was there an at	stopsy?_ND
MOTHER	15. MAIDEN NAME H				23. If death was due to external causes (VIOLENCE) fill in also the following:	
10	16. BIRTHPLACE (city or	town) Bigle	erville		Accident, suicide, or homicide? Date of injury	, 19
-	(State of County))			Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. Grave E. Storm (Address) Frederick. Maryland			Jarvland		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL 114 Olivet. Cem				. Cem.	Manner of Injury	
_	Place Freder:	ick, Md.	Dete 5/	1951	Neture of injury	
19	O. UNDERTAKER	R. Etchi	son & S	on	24. Was disease or injury in any way related to occupation of deceesed?	Lo
_	(Address) FT (A	Tel.Ick	ma.	. (1)	If so, specify	
20	o. FILED May 12	1937	ia J. W	- Jundy	(Signed) W. Mulu June (Address) Frederick, Maryland	.3M. D.
	Registrar.				(Address) Frederick, Maryland	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I VEO		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Juni 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

of

See instructions on back

19. UNDERTAKER

(Address)

state

of OCCUPA.

/ STATE OF MARYLAND—	CERTIFICATE OF DEATH 5420
1. PLACE OF DEATH	(48)
County Frederick	Registration Dist. No. 132.
Village or City Bushitts ville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alta Mae Darn	er
(a) Residence: No. A j i d letown Mi (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 28, 1937 (Vear)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B Darner	22. I HEREBY CERTIFY That I ettended deceased from 1935 19, to Mark 25, 1937
6. DATE OF BIRTH (month, day, and year) Sessi 9 1869	I last saw h en alive on May 25 437; deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, atm,
67 8 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as follows: Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and of the spent in this	Carcuna y Wesus 193.
10. Date deceased last worked at this occupation (month and pec. 1936 spent in this occupation 5047.	
12. BIRTHPLACE (city or town) BUTKIHSVILLE, (State or country)	Other Contributory Causes of importance:
13. NAME Pariel Secher 14. BIRTHPLACE (city or town) Bunkelfsmiller	Neme of operation
(State of country)	What test confirmed diagnosis? Curellage Wes there an autopsy? 40
15. MAIDEN NAME Granda Dution	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME franka Sultow 16. BIRTHPLACE (city or town) - Ise desirch County (State or country)	Accident, suicide, or liomicide?
17. INFORMANT Mas Stella Hightman (Address) Burkettstille	Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ref. Com Middlete Date May 31., 1937	Nature of injury
10 HADEDTAKED G-ladhill &	24. Was disease or injury in any way related to occupation of deceased?

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	£.	Example II	
The principal of importance	cause of death and related causes were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FREIVEDII	1915	Attack of epilepsy	1 week ago
Chronic interstit	tial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrh	hage	July 5,1927	Peritonitis	3 days ago
Other contribu	utory chuses of importance: D		Other contributory causes of importance:	
Gallstones	JUN 5 1537	May 1,1923	Gastroenteritis	1 year
	HISENLY S.			
	Annual Contraction of the Contra			

1. PLACE OF DEATH		120
county Frederick		Registration Dist. No.
Village or City Greenfie	ek	NoNo
Length of residence in city or town where		osds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Muldre	& Lucille Da	uis If U. S. Veteran, specify WAR 200
(a) Residence: No. Sugar	field med.	St., Ward.
/	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Secural white 5a. If married, widowed, or divorced	OR DIVORCED (write the word)	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Charles		22. I HEREBY CERTIFY, That I attended deceased fr
Chisto I	Values	May 11 ,1937, 10 May 13, 193
6. DATE OF BIRTH (month, day, and year)	Oct. 12, 1910	I last saw h alive on
7. AGE Years Months	Days If LESS than 1 day,hrs	to have occurred on the date steted ebove, at
8 Trade profession or particular	(ormin.	were as follows: Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hauseliele	West Webst.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	House	I P 1 : C A A
	11 7.4.14	- James La Cambre ; due dos
this occupation (month and year)	spent in this occupation	to gall-stones d gall-bladder diseases Duroton:
12. BIRTHPLACE (city or town) Roce	kville	Other Contributory Causes of importence:
(State or country)	mary land.	- Human Munoun
H 13. NAME Samuel	a. Briggs	
4 14. BIRTHPLACE (city or town)	ekvelle,	Name of operation
α ·	maryland.	Triactor commined diagnosis:
Ī	ala vener	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	mory land.	Where did injury occur?
17. INFORMANT Chester (Address)	Davis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7.60.14	Manner of injury
Place Lealls wille h	Date May 16 , 1937	Nature of injury
19. UNDERTAKER C. E. Clicis (Address) & Red	exect, mod.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 15, 1937	J. Muleey	(Signed) M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	1	Example II	
The principal cause of death and related of importance were as follows:	ausce Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU		*	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		40-2	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

We min

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.199

1. PLACE OF	2,		LAND	23 800	7.50
County	Freder	ick.	~~~~~~	Registration Dist. No. 139	
Village or Ci	ty State			No. St, Geath occurred in a hospital or institution, give its NAME instead of street and no. 3. 4s. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAM	ME Elmer	Horace	Deal.	If U. S. Veteran, specify WAR	
(a) Residence	e: No. 136 S.	Durhan (Usual place		St., Ward. Baltimore, Marylan If nonresident give city or town and S	d
PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
s.sex Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marri	RRIED, WIDOWED, D (write the word) Ed	21. DATE OF DEATH May (Month) (Day)	193
5a. If married, widowe HUSBAND of (or) WIFE of	Bei	tha Dea		22. I HEREBY CERTIFY, That I attended d Jan. 11 ,19 37.0 May 14 I last saw h i m alive on May 14 ,19 37;	eceased from
6. DATE OF BIRTH (17. AGE Year 51.	s Months	Oct. 2	If LESS than 1 day,hrs.	to have occurred on the date stated above, a 2 . 5.5 A . m The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	death is said
9. Industry or b work was SAW MILL 30. Date decease	vor town)	S spe	time (years) nt in this 12 Yr S		Feb. 936
(State or count	try) Jacob	/irginia			
14. BIRTHPLACE (State or	(city or town)	th Carol	lina	Name of operation NONE POS Sput Batt of What test confirmed diagnosis? hast - X-Ray - Was there an au	itopsy?pa O
15. MAIOEN NAM 16. BIRTHPLACE (State or	(city or town)	th Carol		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
17. INFORMANT (Address) 18. BURIAL, CREMATI Place. Bal	Baltimo	re, Md.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAI Manner of injury Nature of injury	Dt.
19. UNDERTAKER (Address) 20. FILED	M.L.Cr Thursday 37 19 J.	ager	Registrar.	24. Was disease or injury in any way related to occupation of deceased? NO If so, specify (Signed) of the same to rule (Address) Late Same to rule	v m. o

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	Example II	
The principal cause of death and related causes pate of onset of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Q 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage Wuly 5, N.27	Peritonitis	3 days ago
Tar Tar	7	
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May ,1923	Gastroenteritis	1 year

back

is very important.

TION

ARGIN RESERVED FOR BINDING

item of inforshould state of OCCUPA-

	7 3. 5	STATE OF	MARYLA	ND-CERT	IFICATE	OF DEATH	542	3
1.	County County	ATH Frede	rick		(23)	Registration Dist. No.	139	
	Village or City	State	Sanatorium	1. Md. No.	d in a hospital or insti	tution, give its NAME instead o		War
	Length of residence in	city or Iown whera das	th occurredyrs,			of foreign birth?yrs.		ds
2.	FULL NAME	Vitalis	Duobinis		If U. S. Veterar	, specify WAR		
		7700	7 0 11 2 2 3 6	4.4	W1 T	- 14 im one 31-	L	

(a) Reside	ence: No. 1340 W	(Usual place	of abode)	St., Ward.	Baltimore If nonresident	give city or town	and State
PERSO	NAL AND STATIS	FICAL PART	ICULARS	MEDICA	L CERTIFICATE	OF DEATH	ł
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write tha word)	21. DATE OF DEA	TH May (Month)	8 (Day)	, 193
5a. If married, wide HUSBAND of (or) WIFE of	wed, or divorced				EBY CERTIF		
7. AGE Y	ears Months	Nov. 1	1915 If LESS than 1 day,hrs. ormin.	I last saw h. 1 M. alive to have occurred on tha dal Tha PRINCIPAL CAUSE Of were as follows:	on May 8 te stated above, at 11.	55 mA.M.	3.7; death is sal
8. Trade, prokind of SAWYE 9. Industry of Work w SAW MODE 10. Date decei	ression, or particular work dona, as SPINNER, R, BOOKKEEPER, etc business in which ress done, as SILK MILL, ILL, BANK, etc	Tailor	time (years) nt in this 6 Yrs.	Pulmonary	Tuberculos	is	Oct.
12. BIRTHPLACE ((Steta or co		Baltimo: Marylan		Other Contributory Causes	of Importanca:		
13. NAME		Duobin					
	CE (city or town)	Lithuan	ia	Name of operation		os Sput	

MOTHER 15. MAIDEN NAME 16, BIRTHPLACE (city or town). (Slete or country) Lithuania alis Duobinis

17. INFORMANT Baltimore. (Address) 18. BURIAL, CREMATION, OR REMOVAL Unknown 19

19. UNDERTAKER 20, FILED.

Registrar.

Where did injury occur?_____ (Specify city or town, county and State)
Specify whelher Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of Injury.

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury_______19

24. Was disease or injury in any way related to occupation of decaased? If so, specify

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I VE D		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	Luly 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

FOR BINDING

WRITE PLA V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	L PLACE OF DEATH			23	
	County Frederic	ek,		Registration Dist. No. 1	39
/	Village or City State Sa		(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and no. 10 ds. How long in U.S. If of foraign birth? yrs. mo.	Ward umber)
				If U. S. Veteran, specify WAR	
				entwood, Ward. Prince GeorgeCo. M	
SMORT	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
1	Male White	5. SINGLE, MARF OR DIVORCED Marri	(write tha word)	21. DATE OF DEATH May (Month) (Dey)	193
	If marriad, widowed, or divorced HUSBAND of (or) WIFE of Grace DATE OF BIRTH (month, day, and yaar)	e I. El	mo 1906	22. I HEREBY CERTIFY, Thet i attended of May 30 ,19 34to May 10 ,19 37	, 19_37
-	AGE Yaars Months 31 O	Days O	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at 11.3QR. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	Notes decayed last worked at	Plumber		Pulmonary Tuberculosis	Dec. 1933
12	this occupation (moeth and year) 1934 BIRTHPLACE (city or town) Was (State or country)		pation OII	Other Contributory Causes of importence:	
ER	13. NAME Angelo	Elmo			
FATHER	14. BIRTHPLACE (city or town)	Italy		Neme of operation DONG POS Sputure of What test confirmed diagnosis Chest X Ra-y Was there en a	
MOTHER 12	16. BIRTHPLACE (city or town)		amis	23. If deeth wes due to external causes (VIOLENCE) fili in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	, 19
18	BURIAL, CREMATION, OR REMOVAL Placa Washington, D.		own 19	Manner of injury	
_	undertaker Francis (Addrass) Hyattsy (Addrass) Hyattsy	tasch!		24. Was diseasa or injury in eny way raletad to occupetion of deceased? If so, spacify (Signad) (Addrass) (Addrass)	no

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis JON 3 1331	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5425
1. PLACE OF DEATH	93-20
county Irelderech	Registration Dist. No. 3
Village or City mean Frederick 6	St., Ward
Length of residence In city or town where death occurred	Neath occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Emma) H. Esto lero	oh 2 If U. S. Veteran, specify WAR 224
(a) Residence: No. "Windworth Place" Mu	st. Ward Trederick R. F. D Mo. 3
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
The will wedowed	(Month) (Day) (Year)
5a. It married, widowed, or-diverced HUSBAND of (or) WIFE of John Olio Estalmook	22. A I HEREBY CERTIFY, That I attended dacease from
(01) WIFE 01 JULIUS OF RESERVENCES	May 30 1957 10 My 34 197
6. DATE OF BIRTH (month, day, and year) Llev. 13 1851	I last saw hand a live on alive on 19.3.7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above alm,
85 4 20 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	AMACORAT 1004
kind of work done, as SPINNER, Returned Hauseury SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	1 // for the
kind of work done, as SPINNER, Returned Hauseury 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spent In this	
year) Capacity 30, 1942 occupation 9	Other Contributory Carroes of infloortances
12. BIRTHPLACE (city or town) (State or country)	Quit Yorlann 24mm
(State of County)	0000
II IS. MAINE	NACOVE -
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autops:
15. MAIDEN NAME M. C. alsew	23. If daath was due to external causes (VIOL ENCE) fill In also the following:
H AC DISTURBLANCE (1)	Accident, suicide, or homicide? Data of injury19
16. BIRTHPLACE (city or town) (State or country) (State or country)	Where did injury occur?
17. INFORMANT Mrs. Mellie M. Cleuchester (Address) M. Frederich Mol 270	(Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mr. D. livet auch Date May 5- , 1937	Nature of injury.
19 UNDERTAKER C. E. Cline + Low	24. Was disease or injury in any way related to occupation of deceased?
(Address) I belderech, Moby	If so, specify
20. FILED May 4, 1937 Ira 9 ME Curdy Register.	(Signed) M. D
If more blanks are needed, address State Registrar,	I HOUNDAND IVAK

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
		1
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Br. H.H. J. R.

Every CIANS ement	
RECORD.	
INDING RMANENT X A C T L 1 classified.	
S IS A PE stated E properly	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every frem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is wary important. See instructions on back of certificate.	Out Marin
ARGIN R. INFADING pplied. AG erms, so the	ALLO LE MOUNTAIN
7, WITH Uarefully su	carros
PLAINLY OF DEATH	Act J week
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every iften of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	ADC
1. PLACE OF DEATH	53-03	1950
County Friderick	Registration Dist. No. / L	(
Village or City Leberty Fown	NoSt.,	Ward
Length of residence In city or town where death occurred 4 yrsmps	death occurred in a hospital or institution, give its NAME instead of street and number described in U.S. If of foreign birth?	
(a) Residence: Np.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jesex 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATHYNCY - 29.4 (Month) (Day)	193.7 (Year)
5a. If married, widowed, or divorced HUSDAND OF Albert W. Eyten	22. Och, 15 1936 to May - 79	Aceased from
6. DATE OF BIRTH (month, day, and year) Oct, 8 1 1869	Hast saw h. e. M. alive on May - 27 4 19 37	; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 10.20 L.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade profession or particular	Carcinoma of Bladder	Quy-1936
kind of work dona, as SPINNER, Source 42 SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation would be added to the social content of the)	
10. Date deceased last worked at this occupation when the company of the company	Dther Contributory Causes of Importance:	
13. NAME Carb Vollmed		
13. NAME Cart Vollment 14. BIRTHPLACE (city or town) Sermany, (State or country)	Name of operation Date of	
15. MAIDEN NAME Frida Moore 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs Harry Serr (Addrass) North Form Ma	What test confirmed diagnosis?	:, 19
18. BURIAL, CREMATION, OR REMOVAL Place Jairmounh Comuley Data May 31 , 1937	Manner of injury	
19. UNDERTAKER Loroll & albangh (Address) Siberty town, md	If so, spacify	Co
20. FILED Mey 3/ , 1937 Macrofillar Registrar.	(Signed) Old A. Wirty town, Md	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis IIIN 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

certificate.

See instructions on

state

of OCCUPApluods

1. PLACE OF DEATH		CERTIFICATE OF DEATH	
County Frederick		Registration Dist. No.	144
Village or City Utica		No.	St. Ward
/	occurred 50 yrs. mos.	death occurred in a horpital or institution, give its NAME instead of the day	of street and number)
2. FULL NAME Charles (a) Residence: Np. Utica		No veteran St. Ward.	
(a) Residence. Ab.	(Usual place of abode)	If nonresident give city of	or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH	- , 193 7 (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Tayl 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 78	or ch 3Ist 1859 Days If LESS than 1 day,hrs. ormin.	1 HEREBY CERTIFY, That 1 jest saw h is alive on Manage of the heve occurred on the date stated above at men. The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows:	, 19 7 ; death is said
N 9 Trade medianian as madiantes		1010 43 10110113.	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	armer	Carinama of	
SAWYER, BDOKKEEPER, etc		Careinoma of	1935
Kind ot work done as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done as SILK MILL. OW		Carinoma of stomach	1935
kind ot work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and Dec. 3	n Farm 11. Total time (years) spent in this occupation tecity	Octavisation of attention of Other Contributory Causes of importance:	1935
kind ot work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and D ec . 3) 12. BIRTHPLACE (city or town) (State or country)	n Farm 11. Total time (years) spent in this occupation tecty Md	strumen	19.35
kind ot work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and Dec. 3 12. BIRTHPLACE (city or town) (State or country) 13. NAME Francis A. F	n Farm 11. Total time (years) spent in this occupation tecity	strumen	

MOTHER 15. MAIDEN NAME White Mary known 16. BIRTHPLACE (city or town) ... (State or country) Chas. Fisher Mrs 17. INFORMANT Thurmont .F.D (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

Date May. I6th 19 37 Creager & Son. Thurmont.

Nature of Injury

23. If death was due to external causes (VIDLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Accident, suicide, or homicide?______ Date of injury______ 19__

if so, specify

Where did injury occur?.

Manner of injury

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED		The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy Run over by street car	1 week ago
			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	SIA L. PLACE OF DEATH	(IE C)F MAR	YLAND—	CERTIFICAT	E OF DEATH	5428
	County FRUDER	ICK				Registration Dist. No.	12
	Village or CityHAR	MOHY.		(lf	death occurred in a hospital or	r institution, give its NAME instead of stree	t., Ward
	Length of residence In city or	town where	death occurred			.S. if of foreign birth?yrs	
:	FULL NAME Ce	raldi	ne Fish	er	If U. S. Vet	teran, specify WAR	
	(a) Residence: No.				St.,Ward.		
	PERSONAL AND S	TATIST	(Usual place		MEDICA	If nonresident give city or tow	
	sex 4. color or			RIED, WIDOWED, D (write the word)	21. DATE OF DEA	TH May 4	, 193 (Veer)
5a.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant				22. WHERI		(, 55.7
6.	DATE OF BIRTH (month, day, and	yeer) Je	in.E.193	7	I last saw h alive	-1 - /	3.7.; death is said
	AGE Years	Months 3	Days 28	If LESS than 1 day,hrs. ormin.		te stated above, et. 3 4m. F DEATH end related causes of importence	Dats of onset
OCCUPATION	8. Trade, profession, or perticu kind of work done, as SI SAWYER, BOOKKEEPER, 9. Industry or business in whic work was done, as SILK SAW MILL, BANK, etc	:h		~~~~	Cardaie	Valvalar	Bui &
nooo	SAW MILL, BANK, etc Date deceased lest worked at this occupation (month as year)	at nd	spei	me (years) nt in this upetion			
12	BIRTHPLACE (city or town) (State or country)		ony Pred	lerick Co	Other Contributory Causes	of importance:	*****
ER	13. NAME OSCAT I	'ishe	r				
FATHER	14. BIRTHPLACE (city or town). (State or country)	Harm	nny Md.		Name of operation. C		e of
TER.	15. MAIDEN NAME HARE	el Su	mers Pi	sher	23. If death was due to exter	rnal causes (VIOLENCE) fill in also the fol	llowing:
MOTHER	16. BIRTHPLACE (city or town). (State or country)	Har	nongr Md.		Accident, suicide, or homici	ul	
		svill	~~~~~~~~~~~		Specify whether injury occu	(Specify city or town, county as urred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18	BURIAL, CREMATION, OR REMOV	· Cem	Harmony Dete 5/1	19_3.7	Manner of injury	PW.	
	UNDERTAKER Gladhi (Address) Hidd	letow	npany 9, Md	Jan	24. Was disease or injury In If so, specify	any way related to occupation of decease	ed?
20	190	4-20-4-1	The state of the	Registrar,	(Address) _//_	Wie Adla Yalea	

If more clambs are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	· I	Example II		
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Chronic interstitial nephritis MIN 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU I				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	· 44.5	

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER ...
(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury
Nature of injury

If so, specify (Signed)

24. Was disease or injury in any way related to occupation of deceased?_

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Example I	17	Example II	
The principal cause of death and related cause of importance were as follows:	te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MINRAD			
Other contributory causes of importance:	MENTER	Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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V	41	3	1
	-		1

PHYSICIANS should state Exact statement of OCCUPA-AD. Every item of infor-UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLA Z

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF	F DEATH			(El E)	
County	rederick.			Registration Dist. No. 144	
Village or C	ity Lewisto	wn		NoSt.,	Ward
Length of rasio	denca in city or town where	death occurred6		death occurred in a hospital or institution, give its NAME instead of street and nu 22ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAI	ME Jacob	Hinea G	augh	If U. S. Veteran, specify WAR	
(a) Residen	ce: No. Law 1s	town. (Usual place of	f abode)	St., Ward. If nonresident give city or town and S	tate
PERSON	AL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	(write tha word)	21. DATE OF DEATH May. 25th. (Qay)	193. 7
				22, . HEREBY CERTIFY, That I attanded de	acased fro
(or) WIFE of E. Florence Bowers			ers	May 25" 1937 to May 25"	19.3.
6. DATE OF BIRTH (month, day, and year) N	ov. 3rd	. 1867	I last saw h Sun aliva on Man 2'5", 19 3.7;	death is sal
7. AGE Yea		Days	If LESS than	to have occurred on the data stated above, at 9:40P.4M	
	69 6	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onse
To: Date decease this occur year)	ty or town) LeW s		me (years) t in this 25 pation 25	Other Contributory Causes of importance:	1/25/3
	aniel Gau				
I	(city or town)Le	wistown.	v(d.	Name of operation Oate of Whet test confirmed diagnosis? Was there an au	topsy?
2 (State or 17. INFORMANT M (Address) 18. BURIAL, CREMAT	(city or town) Lew country) ITS Eli G Lewist TION, OR REMOVAL	istown. reen own. M	-0	23. If deeth wes due to external causes (VIOLENCE) fill In also the following: Accidant, auticide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY In HOME, or in PUBLIC PLAN Manner of Injury	5.19.8
19. UNDERTAKER (Addrass) 20. FILEO May	M. L. C Thurm 27, 1937 (A)	reager &	. 28, 1937 & Son. D Poves Registrar.	Nature of injury fraction of Unitality 24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Addrass) (Addrass)	61 d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis 1937 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Colored Colored Colored			

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. Village of (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______yrs.____mos.____ds. where death occurred (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S. SINGLE MARRIED, WIDOWED 21. DATE OF BEATH (Month) CTL assified. 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than to have occurred on the date stated above, at ... 7. AGE Days The PRINCIPAL CAUSE OF DEATH end related causes of importance _ min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION of SAWYER, BOOKKEEPER, etc 9. Industry or business in which pluods may work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10, Date deceased last worked et spant in this this occupation (month end that occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town). (State or quntry) terms, FATHER See 14. BIRTHPLACE (city or town)_ in plain (State or country) What test confirmed diagnosis?_ ----- Was there en autopsy) carefully MOTHER 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_ OF DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Nature of Injury 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify m (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

BINDING

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Ex	ample I		Example II		
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Chronic interstitial nephritis	IIIN 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	- I STATE ALL V	July 5,1927	Peritonitis	3 days ago	
	RUREAU V. S				
Other contributory causes of	of importance:		Other contributory causes of importance:	F (2.24)	
Gallstones		May 1,1923	Gastroenteritis	1 year	

TION is very important.

V. S. No. 1

1. PLACE OF DEATH			23	0404
/ County Fre	derick.		Registration Dist. No. 1	.39
Village or CitySta Length of residance in city or town where d		_ * (If	Md a No. St., f death occurred in a horpital or institution, give its NAME instead of street and s. 11 ds. How long in U.S. if of foreign birth? yrs.	Ward number)ds.
			If U. S. Veteran, specify WAR	
			St., Ward. Baltimore, Maryla If nonresident give city or fown a	
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Sing J	(write the word)	21. DATE OF DEATH May (Month) (Day)	, 1937(Year)
	arch 30	1903	22. I HEREBY CERTIFY, That I attended Sept. 16 19 36, to May 26 11 attended 19 36, to May 26 10 attended 19 36, to have occurred on the data stated abova, at 20 A.M.	27 , 19 37
34 1	Days 27	1 day,hrs. ormin.		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc H 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 193	11. Total ti		Pulmonary Tuberculosis Other Contributory Causes of importance:	Aug. 1928
(Stata or country)	Maryland		Tuberculous Meningitis	
14. BIRTHPLACE (city or town)(State or country)	Maryland	1.	Name of operation none Pos Spute to the What test confirmed diagnosis these to the state of the	
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Laurence		16	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	ring: , 19
(Address) Baltimor 18. BURIAL, CREMATION, OR REMOVAL Place Balto, Md.		known ₁₉	Manner of injury	
19. UNDERTAKER M.L.Cre (Address), Thurmon 20. FILED /2 7, 1937		Registras	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signad) (Address) (Address) (Address)	ler. M.O.

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Example II		
death and related causes bllows:	Date of onset 1 week ago	
	1 week ago	
	3 days ago	
es of importance:	1 year	

item of infor-	should state	of OCCUPA-	₩) T
RECOAD. Every	. PHYSICIANS	Exact statement	
S A PERMANENT	tated EXACTLY	roperly classified.	rtificate.
NG INK-THIS I	AGE should be st	that it may be p	ons on back of ce
WITH UNFADIR	efully supplied.	in plain terms, so	int. See instructi
WRITE PLAMLY,	ation should be car	AUSE OF DEATH	TION is very important. See instructions on back of certificate.
	-WRITE PLAILY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	-WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state	-WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECOXD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

V. S. No. 1

STATE OF MAR	RYLAND-	CERTIFICATE OF	DEATH 5435
1. PLACE OF BEATH		(920)	
County + redereck		Reg	gistration Dist. No. 141
Village or City II runswee		No	St., Ward
Length of residence In city or town where death occurred	wyrs. // mos	death occurred in a horpital or institution, give	e its NAME instead of street and number) birth?ds.
2. FULL NAME Mary & A. (a) Residence: No. // Sust 9 ST	alley ce of abode)	If U. S. Veteran, specify St.,Ward.	WARnonresident give city or town and State
PERSONAL AND STATISTICAL PART		MEDICAL CERTIF	FICATE OF DEATH
OR-DIVORC	RRIED, WIDOWED,	21. DATE OF DEATH	h) (Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 3.	Je	22. I HEREBY CE	RTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Pune /8	\$ 1916	I last saw a alive on Mau	1937 : death is said
7. AGE Years Montal Days	If LESS than	to have occurred on the date stated a ve,	atm.
20 11 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rewere as follows:	elated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	10		
8. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Mital Indo	ffickury 1936
10. Data deceased last worked at this occupation (month and sp	I time (years) pent in this cupation		1
12, BIRTHPLACE (city or town) West Uny	and .	Other Contributary Causes of Importance:	
(State or country)		Secondary as	10 mia 1936
13. NAME Les Shavett		acuse Myou	ordetes 1937
14. BIRTHPLACE (city or town). West Using	mic.	Name of operation	Date of
E 15. MAIDEN NAME Mary Comp	ton	23. If death was due to external causes (VIO	
16. BIRTHPLACE (city or town). West Way (State or country)	mig	Accident, sulcide, or homloide?	
17. INFORMANT 13. 7. I Lally	no I	Where did injury occur?(Spe Specify whether injury occurred in INDUS	cify city or town, county and State) TRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL CREMATION, OR REMOVAL	700	Manner of injury	
Beataly Spango W Va Date M.	920 137	Nature of injury	
19, UNDERTAKER S. W. Feete Year	2	24. Was disease of injury inpeny way relate	ed to occupation of deceased?
(Address) Shinawes May	and.	If so, specify	O WORKER
20. FILED 44 18 1937 lus A.S. / trd	Registrar,	(Signed) (Address)	M. D. M. D.

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Cerebral hemorrhage IIIN 3 1931	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	11=74
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	942
County Frederick	Registration Dist. No. 132:
Village or City Man MId dletown, Md	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and oumber) ds. How fong in U.S. if of foreign birth?yrs
1/ 1/ 1/	21.
2. FULL NAME / homas / TOW/e	II U. S. Veterall, Specify WAR.
(a) Residence: No. Tw. M. ddlefam M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Nhite Divorced	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Howle	22. I HEREBY CERTIFY. That I attended deceased from May 7, 1931, to May 12, 1937.
6. DATE OF BIRTH (month, day, and year) 1880 -	I last saw h alive on Way 19.3 k; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated abova, at
57 unterior or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Carnay arten Schools (1.6/2)
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	acute my venuar forler 5/18/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	3/
O Date decaased last worked at this occupation (month and spent in this spent in this	
year) 933 occupation 343	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) Gloucester Va. (State or country)	Arteus elisses
13. NAME Thomas Howle	
13. NAME Thomas Howle 14. BIRTHPLACE (city or town) - Charles	Name of operation Date of What test confirmed diagnosis? Clausee Was there an autopsy? No
15. MAIDEN NAME Cukuom	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - turkurour	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or towo, county and State)
17. INFORMANT Carl F Keller (Address) Middle town Ind	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Middle town Md	Manner of injury
Place Ref Cemetery Date 57 287, 1931	Nature of injury
19. UNDERTAKER Gladhill Go. (Address) Middle form Nid	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED May 25., 19.3.7. D. Bray son Sames	(Signed) A. Tarboy Once M. D. (Address) Afger Son Mg
$ \alpha$ $ \alpha$ $ \alpha$	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

V. S. No. 1

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Cerebral hemorrhage \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	July 5,1927	Peritonitis	3 days ago	
MUREATT V. S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	D—CERTIFICATE OF DEATH 5437
County + redenate	Registration Dist. No/_\(\(\lambda \)
Village or City Brunswick	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrss	mosds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Laura Bell 91	If U. S. Veteran, specify WAR
(a) Residence: No. Garrons (Cual place of ab de)	Mard. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the w	VED, 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellis	22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1936, to May 29, 1937
6. DATE OF BIRTH (month, day, and year)	93 last sewhell alive on May 27, 193, death is said
7. AGE Years Months Days If LESS	
43 9 27 day,	THE PRINCIPAL CAUDE OF DEATH SHUMBAGED COUSES OF HISPORTAGE
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	a f 1, //
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	Tillua /femontage May 2
10. Date deceased last worked et this occupation (month and year)	l
12. BIRTHPLACE (city or town). Yarrowsburg	Other Contributory Causes of importance:
(State or country) Wash, C., and.	Cury Cury
II 13. NAME P. Q. Hissas	198
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? 10 10 Keeping Was there an autopsy? 14
H 15, MAIDEN NAME Sand Sand Original Assets	23. If death was due to external causes (VIOL FICE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date Injury, 19
17. INFORMANT Mrss. Howard Daulto	Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manage of Injury
Place Brownstille Md. Date May 30 , 1	Manner of Injury
19. UNDERTAKER UM 3. 18 and 45 m. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Way I 9 , 1957 lus H. S. Hadgio	(Signed) La Claración M.D. (Address) A J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 3 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

pe

AGE should be

Exact statement of OCCUPA-

item of infor-

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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. 1	13	1	W
5	1	0	

1. PLACE OF DEAT	H			(92)	0100
County	Frede	rick		Registration Dist. No. 1	39
Village or City				No. St., death occurred in a hospital or institution, give its NAME instead of street and 4.ds. How long in U.S. If of foreign birth? yrs	number)
2. FULL NAME	Ruth			If U. S. Veteran, specify WAR	
(a) Residence: No.				2 2st., Ward. Washington Co. Mar	y lan e d State
PERSONAL ANI	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	or RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH May (Month) (Day)	., 193 7. (Year)
5a. If married, widowed, or divor HUSBAND of (or) WIFE of	sh.	erman K	endall	22. HEREBY CERTIFY, Thet attended May 4 ,1936, to May 8	
6. DATE OF BIRTH (month, day, 7. AGE Years 30	Months 4	Dec. 19 Days 19	1906 If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, at 8.45P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
8. Trede, profession, or pa kind of work done, a SAWYER, BOOKKEEI 9. Industry or business In work was dona, as S SAW MILL, BANK, e 10. Data deceased last worl this occupation (mon yaar)	which ILK MILL, tckad at	l 11 Total ti	e, ime (years) nt in this 9 Yrs.	Pulmonary Tuberculosis Other Contributory Causes of importance:	Jan. 1936
12. BIRTHPLACE (city or town) (Stata or country) 13. NAME		Marylan Bowers	d .	Tuberculous Laryngitis Tuberculous Meningitis	
13. NAME 14. BIRTHPLACE (city or town (Stata or country)	wn)	Marylan	d.	Nama of operation DONE POS DU DAMM What test confirmed diagnosis 20 55 - X Ray - Was there are	
	wn)		•	23. If daath was due to extarnal causas (VIOLENCE) fill in elso the followi Accident, suicida, or homicide? Date of injury Where did injury occur? (Specify city or town, county and St Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ng: , 19
18. BURIAL, CREMATION, OR R Placa Smithsb	EMOVAL	0,	known ₁₉	Menner of injury	
(Address)	George Smithso	Acover beg, Md	Registrar.	24. Was disaase or injury in any way ralated to occupation of daceased? If so, specify fewarts. Shaffe (Signad) Lewarts.	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF	MARYL	AND-C	ERTIF	ICATE	OF	DEATH
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.)	4	. 1		ĕ
1	- 4		90	r

1/ PLACE OF DEATH			408
County Frederick Village or City Near Buckeystown (H)			Registration Dist. No. 13 0
			No. Near Buckeystown, Md. St., Wal
			ds. How long in U.S. if of foraign birth?mos
			Lawson If U. S. Veteran, specify WAR None
(a) Residence: No. Near B	Uckeystov (Usual place of		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Widow	RIED, WIDOWED, (write the word)	21. DATE OF DEATH May 14th, 193 7 (Month) (Oay) (Yaa)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of John W. L	awson		22. I HEREBY CERTIFY, That I attanded deceased
6. DATE OF BIRTH (month, day, end year)	August 6	, 1865	I last saw h ex alive on heary 6, 1937; death is
7. AGE Yaars Months 72 9	Days 8	If LESS than I day,hrs. ormin.	to heve occurred on the date stetad above, et 2650 P.m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, At Home SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupetion (month end 5/36 11. Total time (years) spent in this year)			Carcinoma oz Stomach ? Other Contributory Causes of Importance:
(State or country) Virg			
13. NAME John J. Cook 14. BIRTHPLACE (city or town) (State or country) 13. NAME JOHN J. Cook 14. BIRTHPLACE (city or town)	ginia		Name of operation Date of What test confirmed diegnosis? Was there en eutopsy?
15. MAIOEN NAME Susan Cu	rry		23. If death was due to external causes (VIOLENCE) fill in also tha following:
	rginia		Accident, suicide, or homicide?
17. INFORMANT Mrs, Herbert Plunkard (Address) Buckeystown, Maryland 18. BURIAL, CREMATION, OR REMOVAL Union Cemetery Plece Leesburg, Va. Date May 17, 1937			- Specify matrice injury occurred in invosity, in nome, of in robeit PLACE.
			Manner of Injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland 20. FILED May 17, 1937 Intilled			24. Was disease or injury in any way related to occupation of dacassed? If so, specify (Signed) (Address) Buckeystown, Many Kand

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jay 5,1927	Peritonitis	3 days ago
BUREAU	3.2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	5440
1. PLACE OF DEATH		- RD	6.5
· County Treduces		Registration Dist. No.	3/
Village Dr City Unwivelle	md.		Ward
	//	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death	occurred 2.9: yrsmos	ds. How long in U.S. if of foreign birth?yrsn	10sds.
2. FULL NAME fames	11. Led Tora	<u> </u>	
(a) Residence: No. / P.D. MX	. Cury. Md. (Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	J Didic
3. SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2	
Male White o	R DIVORCED (write the word)	(May 6 (Day)	, 193 7 · · · · · · · · · · · ·
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of /rellie /	May Led ford.	22. HEREBY CERTIFY, That I attended	1
C DATE OF BERTH (month days of	14-1843	I last saw home alivern leave 4 1933	6 -, 1957
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above Ali 0.5 Hem.	, ugath 15 Salu
63 10	79 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER,	~/· ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	arnew.	and the same of th	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.		Cerebral Hern	3 405
SAW MILL, BANK, etc.	11 Total time (vears)		
this occupation (month and year)	11. Total time (years) spent in this occupation		
		Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	er (sass)		
13. NAME William III	Il facel		
13. NAME VIlliam Alle	myour.	Name of operation Date of	
14. BIRTHPLACE (city or town) (State or country)	uland.	Name of operation Date of What test confirmed diagnosis? Was there an	autoney?
15. MAIDEN NAME Menine	Fletcher.	23. If death was due to external causes (VIDL ENCE) fill in elso the followin	
15. MAIDEN NAME Minnie 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	•
∑ (State or country) Gny	land.	Where did injury occur?	
17. INFORMANT Mus. Wallie M.	Ledford.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL	7/14	Manner of injury	
4 1 11/01	to/May, 18 , 1907	Nature of injury	
1. 74 51-10	4	24. Was disease or injury in any way related to occupation of deceased?	In
19. UNDERTAKER (Address)	hed mi	If so, specify	A.D.1
May 17 male	ufuin.	(Signed) Va Woodle	M. D.

Registrar. (Address)

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The second of th			
Other contributory causes of importance:	+	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH County Frederick Registration Dist. No. No. 368 W. Ratrick St,
(If death occurred in a horpital or institution, give its NAME instead of street and number) Village or City Frederick PHYSICIANS mos. ds. How long In U.S. if of foreign blrth? vrs. mos. ds. Length of residence in city or town where death occurred. statement Fannie Louisa Catherine Lipps If U. S. Veteran, specify WAR None 0 (a) Residence: No If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White (Month) 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1937,10 May 19 1937 M -5 1869 January 6. DATE OF BIRTH (month, day, and year) certificate properly to have occurred on the date stated above, at 8:50 A m. 7. AGE If LESS than Months Days 1 day.____brs The PRINCIPAL CAUSE OF DEATH and related causes of importance 28 or min. were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION Housework 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... back may should At Home 11. Total time (years) spent in this LØ. Date deceased last worked at 00 this occupation (month and so that occupation instructions Other Contributory Causes of importance: 12. BfRTHPLACE (city or town) larvland (State or country) terms, FATHER 13. NAME John A. See Name of operation 22000 14, BIRTHPLACE (city or town). in plain Maryland (State or country) Whet test confirmed diagnosis? _____ Was there an autopsy? ____ efully MOTHER Elnora 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ______ Date of Injury ______ 19__ OF DEATH 16. BIRTHPLACE (city or town). (Stete or country) Where did Injury occur?. be (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 17 INFORMANT Miss Mamie E. Lions plnods very (Address) Frederick. Marylan 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Nature of injury. FION 24. Was disease or injury in any way related to occupation of deceased? hison Frederick Maryland (Address) If so, specify œ. Registrar.

Date of enset

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Chronic interstitial nephritis, IIIN 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state OCCUPA-

	(137)	
	Within the Dorporate Registration Dist. No. 13	
		Vard
	No Prederick City Hospital St., V death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth? yes. mos.	
15.	, , , , , , , , , , , , , , , , , , ,	0s.
	If U. S. Veteran, specify WAR Non⊖	
	St., Ward. If nonresident give city or town and State	
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH	
	May 5th., 193 7 (Month) (Oay) (Year	r)
	22. MI HEREBY CERTIFY, That i attended deceased	from
-	Mar 28 ,1932, 10 May 3 ,19	2.1.
_	l lest say him alive on 200 aug 5, 1937; death is	sald
	to have occurred on the date steted above, et 2.30P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	were as follows:	onset
	110000000000000000000000000000000000000	- 001
	Malnung Dia	1.69
	- Affect	40.
	Other Contributory Causes of Importance:	
	(1) 1 D	
-	The copy	
	to forther growing	A
	Neme of operation Furthern Date of Fifth	200
-	Whet test confirmed diagnosis? The West there en autopsy?	
_	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:	
	Accident, sulcide, or homloide?	*****
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	Specify whether injury occurred in Industry, in Nome, of in Public Place.	
,	Manner of injury	
	Neture of Injury	
	24. Wes disease or injury in eny way related to occupetion of deceased? 200	
	if so, specify	
	(Signed) Enouas	M. D.
	(Address) Alderet Cue	K

If more blanks are needed, address State Registhar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	357 1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

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Example I	married to	Example II	•	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 01. 1331	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH		
County Frederick	Registration Dist. No. 3		
William or Oile. Finedenick	No. 517 Topologicalis Ct. Word		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
	1. b.ds. How long in U.S. if of foreign birth?		
2. FULL NAME Robert, Earl May			
(a) Residence: No. 517 E. Church	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH May 14 , 193 7 (Month) (Day) (Yaar)		
5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased from		
(or) WIFE of	May 13 th , 1937, to May 1474, 1937		
6. DATE OF BIRTH (month, day, and year) July 29, 1936	liast saw h im aliva on May 3, 193/; daeth is said		
7. AGE Yeers Months Deys If LESS than 1 dey,hrs.	to heve occurred on the date stated above, at 8:30 A.m. The PRINCIPAL CAUSE OF DEATH and raiated causes of importance		
13 1 dey,hrs.	ware es tellows:		
8. Trada, profession, or particular kind of work dona, es SPINNER, SAWYER, BDDKKEPER, etc	Juliu Stendis: con- aug 36		
9 industry or business In which	genital Contactor.		
work was done, es SILK MILL, SAW MILL, BANK, etc			
Dete decaesed last worked at this occupation (month end year)			
your your your your your your your your	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country) Marvland			
13. NAME Roy P. May 14. BIRTHPLACE (city or town) Morryl and	Name of operation Data of		
(State or country) Maryland	What tast confirmed diegnosis? Was there en eutopsy NO.		
15. MAIDEN NAME Lillian Lonas	23. If death was dua to external causes (VIDLENCE) fill in also the following:		
15. MAIDEN NAME Lillian Lonas 16. BIRTHPLACE (city or town) (State or country) Maryland	Accidant, suicide, or homicide?		
- (State of Country) Michigan Julian	Whare did injury occur? (Specify city or town, county and State)		
17. INFORMANT Mrs. R. P. May (Address) Frederick, Maryland	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION OR REMOVAL Audielle, mid	Manner of Injury		
Place M. a levet Cem Date mary 15, 1937	Neture of injury		
19. UNDERTAKER M. R. Etchison & Son (Addrass) Frederick, Maryland	24. Wes disease or Injury In any wey related to occupation of recessed?		
20. FILED Way 14, 1937 Ina J. M & Curly Registrar.	(Signed) M.D. (Addrass) Frederick, Maryland		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HI MIREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS B	Y PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 5445		
1. PLACE OF DEATH	820		
County dedendo	Registration Dist. No. 140		
Village or City 2000 2000 CIF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME Milton U. Mu	ller		
(a) Residence: No. Year Reyman (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)		
HUSBAND of (or) WIFE of Mary and Plowman	22. I HEREBY CERTIFY, That I attended deceased from ,1937, to May / Y ,193,)		
6. DATE OF BIRTH (month, day, and yeer) War, 17-1869	I last saw h_sour alive on		
7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated above, et(325 m.		
6/ 25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:		
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	lerebral hemorkou		
SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)			
Date deceased last worked at this occupetion (month and year) 11. Total time (years) spent in this occupation ccupation			
12. BIRTHPLACE (city or town) Test. Co. M. d. (State or country)	Other Coutributory Causes of importance:		
	mun securso		
13. NAME 14. BIRTHPLACE (city or town) The country)	Neme of operation		
	What test confirmed diegnosis? Was there an autopsy?		
E // COM	23. If death was due to external causes (VIOL ENCE) fill In elso the following:		
State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19		
17. INFORMANT Mary aim Muler (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL (Hawk) Place At 3 cm (Hawk) Date 5-/6 19.33	Manner of injury		
19. UNDERTAKER C. O. Luss V Son	24. Was disease or injury In any way related to occupation of deceased?		
20. FILEDMAY 13, 1937 & C Privale	If so, specify (Signed) If you have the second of the sec		
Registrar.	(Address) Musion Sulled		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	0 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUNE " S.	July 5,1927	Peritonitis	3 days ago
1	UREAU			
Other contributory causes of			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

in south

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	Market &
County Frederick the folds	Registration Dist. No. / 3 /
Village or City Frederick Ind	No. Traderick City O pritted Ward death, occurred in a hospital or institution, give Its NAME instead of street and number)
Length of residence in city or town whate death occurredyrsmos.	41970
2. FULL NAME Bally girl mor	gan If U. S. Veteran, specify WAR Love
(a) Residence: No. 165 (Usual place of abody)	St., Ward, Windresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. hHEREBY CERTIFY, That i attended deceased from
- 181-37	Hast saw 1. A slive on 15 Culow 19 death is said
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data statad abova, at 1:40 P. m.
Btill Rom. 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and pelatad causes of impostanca
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The me
9. Industry or businass in which work was dona, as SILK MILL,	all of leer / fith
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased lest worked at this occupation (month and	com his felice
O this occupation (month and spent in this occupation occupation	1 (wohning
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Contributory Causes of importance.
14. BIRTHPLACE (city or town) I rederick (Co.	
4. BIRTHPLACE (city or town) School (State or country)	Name of oparation Date of
	What test confirmed diagnosis? Was there en autopsy?
E 2 . 6 . 6 . 6	23. If daath was due to externel ceuses (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) STRUMENT CO.	Accident, suicide, or homicida? Date of injury, 19
17. INFORMANT Corract Funeral Home	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Fuederick and. 18. BURIAL, CREMATION, OR REMOVAL of Section and Company Company.	
Place deman Chapel Data 5- 15- 1937	Manner of injury
19. UNDERTAKER Cornad Fundal Home (Address) Frederich meli	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 14- may, 1927 Amlause Registrat.	(Signed) 98 Waltor (M.D. (Address) 95 Waltor
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2606666

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:		
Chronic interstitial nephritis Cerebral hemorrhage	1915	Attack of epilepsy	1 week ago	
Chronic interstutat nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Frederick	Registration Dist. No. 153
Village or City Lewis torre	NoSt., Ward
(If Length of residence in city or town where death occurred vrs mos	death occurred in a horpital or institution, give its NAME instead of street and number)
Q 0 40-	ds. How long In U.S. If of foreign birth?
2. FULL NAME Sub- Mornings	Las Gare yo, (Smus)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceased from
	, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death Is said
7. AGE Years Months Days If LESS than 1 day. On this	to have occurred on the date stated above, at
131 may 28 or. O. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	plant f. g. f.
SAWYER, BDDKKEEPER, etc.	Sucouring) has C
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	(5 months felias)
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation occupation	
· + + + 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
1 7 10	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) alaconto	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy
15. MAIOEN NAME Isony many	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) The Frederick	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Of Smillson golow	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) The ROTT	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place 114 Cotta Milly Date Mcord 29, 1937	Nature of injury
19. UNDERTAKER LEBARTON	24. Was disease or injury In any way related to occupation of deceased
(Address) Was himself	If so, specify
May 25 20 A Mart At Il	(Signed) BO Chomes M.D.
20. FILED WY D 102/1 1 / Wa Mans III	(Address) Produced 2nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	Example 1		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - CENVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage HIN 7 1937	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

-	All	65	()
5	4.	1	X
	X	A.	1

1. PLACE OF DEATH			
County Frederick		Registration Dist. No. 13/	
Village or City Frederick Length of residence in city or town where death occurre	d 8 yrs mos	No. 405 S. Market St., f death occurred in a horpital or institution, give its NAME instead of street and numb ds. How long in U.S. it of foreign birth?	Ward
2. FULL NAME Cordelia Bea (a) Residence: No. 405 S. Market	atrice Mull	ican St., Ward.	
PERSONAL AND STATISTICAL PA	place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	ė
3. SEX 4. COLOR OR RACE 5. SINGLE.	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH May, 31st	7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar T. Mullicar		(Month) (Day) 22. HEREBY CERTIFY, That I attended dece	
6. DATE OF BIRTH (month, day, and year) January 7. AGE Years Months 4 Days 8	7,23,1876 If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 3 . 400 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ath Is said
12. BIRTHPLACE (city or town) Montgomery (State or country)	otal time (years) spant in this occupation 3549	Coronary Thrombosis (Sudden death following heart disease of several years) information obtained from B.O. Thomas M.D. Frederick. Md. Other Contributory Causes of importance:	7
13. NAME Robt. T. Mullinix 14. BIRTHPLACE (city or town) Montgomery (State or country)	Co.	Name of operation Date of	-514
15. MAIDEN NAME Mary Davis 16. BIRTHPLACE (city or town) Montgomery (State or country) 17. INFORMANT Robt Mullican (Address) 405 S. Market St. Fi		What test confirmed diagnosis? Was there an autops 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PlaceBrowningsville Mode J		Manner of injury	
19. UNDERTAKER J. W. Beall (Address) Damascus Md. 20. FILED JULY 1937 July J. W.	E Study Registrar.	24. Was disease or injury in any way related to occupation of deceased? WC If so, specify (Signed) Frederick Md, (Address) Frederick Md,) M. D

V. S. No. 1

-WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neparitis	1921	Run over by street car	1 week ago
Cereoral nemorrnage	Vuly 5,1927	Peritonitis	3 days ago
BUREAU V. S.		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

1. PLACE OF	F DEATH			(23)	Fx C	0443
County	Freder	ick,			Registration Dist. No	139
	dence in city or town where	death occurred	yrs,6mos	No. death occurred in a hospital or institu ds. How long in U.S. if o	f foreign birth?yrs	t.,Ward et and number) mosds
			St.	St., Ward. Ba		land
PERSON	IAL AND STATIST	TICAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEA	тн
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	May 14 (Month) (Day)	, 193 7 (Year)
5a. If married, widow HUSBANO of (or) WIFE of	Ell	a Murnag		Nov. 13	CERTIFY, That latt 19.36, to May.	14., 19. 3.
6. DATE OF BIRTH O	(month, day, and year)	Nov. 14	If LESS than	to have occurred on the date state		Le; death is sai
5	0 7	0	1 day,hrs. ormin.		CH and related causes of importance	Oate of onset
SAWYER	ssion, or particular work dona, as SPINNER, , BOOKKEEPER, etc business in which s dona, as SILK MILL, LL, BANK, etc	Night-Wa	tchman	Pulmonaty T	uberculosis	Nov.
D. Oata deceas this occu year)	ad last worked at pation (month and 193	11. Total to specific	ima (years) nt In this 8 Yrs • upation 18 Yrs •	Other Coutributory Causes of Impo		
₩ 13. NAME		Murnag	nan			
(State or	(city or town)	aryland			e Pos Spu eq	
∑ (State or	(city or town)	Maryland		23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur?	uses (VIOLENCE) fill in also the fo	llowing: , 19 nd State)
(Address) 18. BURIAL, CREMAT Place	Baltimore Fion, or REMOVAL Md.		nown 19	Manner of injury		
19. UNOERTAKER (Address) 20. FILEO	M.L. Creat Thurmont			24. Was disease or injury in any will fiso, specify (Signed)	tay related to occupation of decease	ed? no

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	W 1 1000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

	DITIONING TO F OF A TENEDAL MIDNIE	תידו א	FOR DIVIDITIO
-WRITE PLAINLY, WIT	TH UNFADING INK-	THIS	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC
mation should be carefull	ly supplied. AGE shou	ld be	mation should be carefully supplied. AGE should be stated EXACTLY. Pl
CAUSE OF DEATH in pl	lain terms, so that it ma	ny be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
TION is very important. See instructions on back of certificate.	See instructions on ba	ck of	certificate.

infor- state UPA-	1. PLACE OF DEATH	CERTIFICATE OF DEATH 5450
	County tredorick	Registration Dist. No. 141
5 E	Village or City Breuzwick Ml.	No. 1/0 West "O" St. Ward
0		death occurred in a hospital or institution, give its NAME instead of street and number) 20 ds. How long in U.S. if of foreign birth?
Every MANNS Sment	7/01/1/2 . 11 20	If U. S. Veteran, specify WAR
dD. Every YSICIANS statement	(a) Residence: No. /// West "0"	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
E A	Male white OR DIVORCED (wrige the word)	Month) (Day) (Year)
BINDING PERMANENT EXACTLY y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE gar	22. A I HEREBY CERTIFY, That I attended deceased from a
BIND: PERMA EXA Iy class	(II) Wire auce / Jusquan	May 1 1997, to mary 21, 1987
BI BI E E E I BI ate.	6. DATE OF BIRTH (month, day, and yeer)	I lest sawn the alive on May 19 17; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than I deyhrs.	to have becurred on the date stated abov (At A
	8 Trade profession or particular	were as follows: Date of one of
ED ED he he he of	kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	P P
RVI CT ould may back	Kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Jelmanan Gemontage:
INK INK S sh t it	11. Total time (years) this occupation (month end spent in this	mot due to sullevento and trobally due to fine
ARGIN RESTON RESTON STATES IN THE STATES IN	year) occupation occupation	Other Contributory Causes of importance:
VDI A. So	12. BIRTHPLACE (city or town) — Late of Luns (State or country)	M. Barrel Jan
ARGIN R UNFADING supplied. AG n terms, so th	13. NAME Lether Musgron	and the state of t
TO HA	13. NAME Lether Mungron 14. BIRTHPLACE (city or town)	Neme of operation
E S	(State or country) (Misson 15. MAIDEN NAME Quality - 1 Breswer)	Whet test confirmed diagnosis? Was there an eutopsy?
INLY, WITH be carefully EATH in pla important.	16. BIRTHPLACE (city or town) Cedus Brown Md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
AINLY, Id be ca DEATH	Stete or country)	Where did injury occur?
PLAIR PLAIR Hould b OF DE.	17. INFORMANT Mrs. N. D. Crabell (Address) 1/0 West 0 Start	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
F-7 70	IE BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place treslerich Date May 22, 19.37	Nature of injury
	19. UNDERTAKER ALMA MODELLA MANAGEMENT (Address)	24. Was disease or injury in any wey related to occupation of deceased?
S. No.		(Signed) K. Cosur Muran St. D.
» Z	Registrat.	(Address) - Data Luck (A) (A)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	nple I		Example II	
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Chronic interstitial nephritis	JUN 3 19	37 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	SUREAU V	. S. //		
Other contributory causes of	importance:	more than	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				7
	1000			The second state

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RESERVED

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Chronic interstitial nephritis 1111 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH		(92-0)
County I realized		Marine the Bernock Registration Dist. No. 13
Village or City De redericle	(1)	No. 1/3 & 3/4 My death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	S_yrsmos	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Olla B. Hug	Whows	If U. S. Veteran, specify WAR 200
(a) Residence: No. 113 6. 3 x 20	street	St., Ward.
(Usual place of	AND	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARK	(write the word)	21. DATE OF DEATH
	wed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. 4 HEREBY CERTIFY Thet attended deceased fr
(or) WIFE of John William h	reghting	han 11 1932 to May 14 193
6. DATE OF BIRTH (month, day, end year) Low 15.	1860	I last saw h (alive on May 1937; death is
7. AGE Yeers Months Oays	If LESS than	to have occurred on the dete stated ebova, at 3.54.m.
46 5 29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	ormin.	wera as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	wife	Mandendial mallicina 4/10
9. Industry or business in which		The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc		The had Smalli cience
this occupation (month and spen	ma (yaars) it in this 🔧 🆊	
year) gain 1,1939 occu	petion 3_ b_g	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Charles velle)		
(State or country)).	Orters schusio
14. BIRTHPLACE (city or town) Charles Well	via,	
14. BIRTHPLACE (city or town) Charles well	le '	Neme of operation Dete of
(Stata or country)	mol.	What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Mary S. Remine	rman	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary S. Remme	le.	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	d.	Whare did injury occur?
17. INFORMANT Miero Mellie U. neco	lehours	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Settlewick, Th	w.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Met Olivet Cull The pate May	1/6 , 1937	- Nature of Injury
19. UNDERTAKER a. E. Clive & Son		24. Was disease or injury In any way related to occupation of daceased? Zwo
(Address) De Les Albrech M	ld.	If so, specify
7.1	0	(Signad) A. Austin Tearry M
20, FILED May 10, 1937 La T. M=	Juran	(Signau)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHE	RSTATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 5453
	108
	Registration Dist. No. /4/
Village or City Brunswick	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredO_yrs3mos	des. How long in U.S. if of foreign birth? yrs. mos. ds.
	buxg_If U. S. Veteran, specify WAR
(a) Residence: No. Brunsmith M. (Usual place of abode)	A St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 30
5a. If married, widowed, or divorced	(Month) / (Day) (Year)
(or) WIFE of Clinton O. Ramshing	23 HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) July 20, 18.58	1 last saw har alive on 1930 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
78 10 10 1day,hrs.	The PRINCIPAL CAUSE OF PEATH and related causes of importance were as follows.
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Housewife	X Har mumma Ping 29
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month and spent in this	
yeer)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - F-XCDEXICA Gusaly	the suce markers
(State or country)	typeru
13. NAME Jacob VVICes	/
14. BIRTHPLACE (city or town) Trederick County	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Cufcuom 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (Stete or country)	Where did injury occur?
17. INFORMANT Mis Anna Auffer (Address) Brussmill mis	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place this land 1 dd/ct Date June 2, 19.37	Nature of injury
19. UNDERTAKER Gladfill Les	24. Was disease or injury in any way related to occupation of deceased?
(Address) Middleton mid	If so, specify
20. FILEO Haye 1 1937 June H. S. Hedero	(Signed) X evan / VV / M.D.
20. FILEO Resistrar.	(Addless) Delie July
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	12	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUN 3 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.			•	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	454
1. PLACE OF DEATH		
County Frederick Go	Paristration Dist. No. \ 53	
	Registration Dist. No.	
	No. St., death occurred in a hospital or institution, give its NAME instead of street and nur	
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Annue E. Ka	emsberg	
(a) Residence: No. Walhersville	St., Wood.	
(Usual place of abode)	If nonresident give city or town and St	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighte word)	21. DATE OF DEATH (Mopth) (Day)	193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. HEREBY CERTIFY, That i attended de	ceased from
6. DATE OF BIRTH (month, day, and year) Sept 18. 18.59	i last saw h Lt. elive on 12 May 3 1 1927:	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above at Z. C.m.	neath 12 2am
or or 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
8 Trade profession or particular	were as follows:	Date of onset
kind of work done, as SPINNER, house Reefer	antinio-achironia	1031
kind of work done, as SPINNER, house Refer SAWYER, BOOKKEEPER, etc house Refer 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	- plant of the second of the s	1-7-8
10. Date deceased last worked at this occupation (month and year) 36 spent in this occupation 60		
12. BIRTHPLACE (city or town) Walkersville	Other Contributory Causes of importance:	marc
(State or country) manufand	CIVIA COM VILLIA BOUNTS	29.2
13. NAME Vewis Kalanters		1-7-2-1
13. NAME Vews Calmsberg 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) mariland	What test confirmed diagnosis? Was there an aut	nnev?
15. MAIDEN NAME Lulia Puting	23. If death was due to external causes (VIOLENCE) fill in elso the following:	0,000
15. MAIDEN NAME La Puttman 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	19
(State or country) Manufaul	Where did injury occur?	
17. INFORMANT This Yold Rebert	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Glade 6 em, Date May 5, 1939	Nature of injury	
19. UNDERTAKER Y. W. Wright Md.	24. Was disease or injury in eny way related to occupation of deceased?	no.
20. FILED May 4th, 19/937, R. Hard Stanffer	(Signed) week to Whi wary	М. Г
If more blanks are needed, address State Registrar	1 (Address) - Alle Malle Malle - IND.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis IIM 7 1937	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
I BUREAU V. S.					
The state of the s					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE F	OR FU	RTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE (OF MARYLAND-	-CERTIFICATE OF DEATH 5455
County Frederick	»H	Registration Dist. No. 131:
Village or City Frederic	k	No. Frederick City Hospital War
Length of residence in city or town where	death accurred 8yrsmo	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. If of foreign birth?
(a) Residence: No. 409 Ma.		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH (Month) (Dey) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) Wife of H.Harper R	ankin	22. I HEREBY CERTIFY, That I attended deceased from 19.32, to 19.32
S. DATE OF BIRTH (month, day, end yeer)	une 2. 1889	I lest saw her elive on May 1 [19.3 7; death is sei
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 7 . TOP.m.
47 10	29 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 4/2)	t home 11. Total time (years) 9/37 spent in this occupation 15	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mar Vl. (State or country)	and	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	illison	- 1000
13. NAME Andrew J. W 14. BIRTHPLACE (city or town) Mar (State or country)	yland	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Mary Ma	sters	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Ma 16. BIRTHPLACE (city or town) W (State or country)	Va.	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
17. INFORMANT H. Harper Rankin. (Address) Frederick, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Frostburg, Md.	Date May 4,,1937	Menner of injury
19. UNDERTAKER M. R. Etch (Address) Frederick.	ison & Son	24. Wes disease or injury in any way related to occupation of deceesed? 24.
20, FILED 2 may , 1937:	fro McCurty	(Signed) DO Street In M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

BANKSO	PERSONAL AND STATISTICAL PARTICUL	RS MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, OR DIVORCED (write Widowed or divorced)	
	HUSBAND of (or) WIFE of Julia: Jamison	1 HEREBY CERTIFY. Thet I attended deceased from 7, 19 3 7, 19 3 7, 19 3 7; death is sein
	70 7 07 1da	I last saw have alive on Way: 7, 1937; death is seint to have occurred on the date stated above, et 6; 45 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
ATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer 9: Industry or business in which	Deat disease (astic Stonosis) 1934
OCCUP/	work was done, as SILK MILL, Rail Road No. Date deceased last worked at this occupation (month and spent in the spent in	5)
12	BIRTHPLACE (city or town) - M.t Alto Pen (State or country)	Other Contributory Causes of Importance:
IER	13. NAME Jacob Reed.	
FATHER	14. BIRTHPLACE (city or town) ————————————————————————————————————	Name of operation
MOTHER	15. MAIDEN NAME Elizabeth (not k 16. BIRTHPLACE (city or town) Penna (State or country)	Accident, suicide, or homicide?
	INFORMANT Mrs Jesse Stitely (Address) Thurmont Md BURIAL, CREMATION, OR REMOVAL LEWISTOWN May IO	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Place Lewistown. Date May Io	Nature of Injury
	UNDERTAKER M. L. Creager & So (Address) Thurmont MD (FILED MASS 9 , 1937 Anna M.	24. Was disease or Injury In any way related to occupation of deceased? No If so, specify (Signed) (Address) (Address) (Address) (Address) (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Village or City Catoctin Furnace. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Samuel Howard Reed If U. S. Veteran, specify WAR

County Frederick Registration Dist. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis ·	3 days ago
	Other contributory causes of importance.	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 B.

STATE OF MARYLAND-	-CERTIFICATE	OF DEATH
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In	-	Book	100
63	1	in	7
2 /	14	2.1	4

1. PLACE O	F DEATH			(all a)	010.
/ County	Frederick			Registration Dist. No.	3
	cityNear McKai		(16	No. Near McKaig R & U T St.	Ward
				ds. How long in U.S. if of foraign birth?yrs	mosds.
2. FULL NA	ME Mrs. Cla	ara Hay I	Riggs	If U. S. Veteran, specify WAR None	
(a) Reside	nce: No. Near Mo			St., Ward. If nonresident give city or town	
PERSON	R. H. U I	CAL PARTIC		MEDICAL CERTIFICATE OF DEAT	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	
Female	White	OR DIVORCED	(write the word)	May 23rd (Month) (Dey)	1 , 193 7 (Yeer)
5e. If married, wido HUSBAND of (or) WIFE of	wed, or divorced Winfield G.	Riggs		22. HEREBY CERTIFY, Thet latter	
E DATE OF BIRTH	(month, dey, and year) Se	entember	5. 1870	I lest saw h er elive on man 23 , 19	
	ers Months	Deys	If LESS than	to heve occurred on the dete stated above, et 11:30mP	
(66 8	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were es follows:	Date of onset
SAW MI	business In which as done, as SILK MILL, ILL, BANK, etcsed last worked at upetion (month and 5/2	At Home	me (yaars) t in this 45	Dther Contributory Causes of importence:	19 137
12. BIRTHPLACE (c) (State or con	city or town)	rland			
13. NAME JC	ohn W. Shank				
	E (city or town)	yland		Neme of operetion Date What tast confirmed diagnosis? Was there	3.
15. MAIDEN N.	AME Catherine	Hardey		23. If death was due to external ceuses (VIDLENCE) fill in also the foll	
	ce (city or town)	yland		Accident, suicida, or homicida? Dete of Injury Where did Injury occur? (Specify city or town, county an Specify whether Injury occurred in INDUSTRY. In HDME, or In PUBLI	
17. INFDRMANT (Address)	Ralph W. Ri Near McKais	Marvis	and		d State)
18. BURIAL, CREMA	TIDN, DR REMDVAL Mt.	Olivet Data 5/2	Cem. 26., 19.37	Manner of injury	
19. UNDERTAKER(Address)	M. R. Etchi Frederick,	son & So	n	24. Was disease or injury in eny wey releted to occupetion of deceased if so, specify	d? //
20. FILED May	25,1937 21	a J. Mi	Registrar.	(Signed) Walkersville, Mary	and M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1937	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		a .	

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 5458
1. PLACE OF DEATH	Quela de 19-a)
County Treduce	Registration Dist. No.
Village or City	to to Emergency Hospitalis Ward
	death occurred in a hospite or institution, size its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
0 . 0	1 12
2. FULL NAME Tuby Hoberte	If U. S. Veteran, specify WAR
(a) Residence: No. Future & F. IF 3 (Futural)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 13 Shure 193 T
- Jungel	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1) HEREBY CERTIFY, That t attended deceased from 1931 to May 13, 1937
6. DATE OF BIRTH (month, day, and year) Queguet 10, 1924	Hast sawh er alive on May 120, 19.37; death is said
7. AGE Yaars Months Days if LESS than	to have occurred on the data stated above, at
13 9 3 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Opposetly governo stend meningities. Date of onset
9 Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	(Ceruse windnesse)
10. Deta decaasad last workad at this occupation (month end 4/37) 11. Total time (years) specific this occupation occupation	No further information, the pratient dying a faw bours
12 BIBTUDI ACT (situat town) Con Remarks	Other Contributory Causes of importance: after physician sow her Complete
12. BfRTHPLACE (city or town) (Stata or country)	Magnosis kas not made
# 13. NAME From al Europe Rober tol.	
I 1.10-#;	Neme of operation Deta of
(State or country)	What test confirmed diagnosis? Classed Was there an autopsy?
15. MAIDEN NAME Grace Mexter Bare	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Grace refer Bare 16. BIRTHPLACE (city or town) Wagner (State or country)	Accident, suicide, or homicide?
(Steta or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT This Gildsby ger Goner gence to	Decify whather injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL FILE R.D. 3	Manner of injury
Place Swote Hill an Dete May 15,193	Neture of Injury.
19. UNDERTAKER M. R. Holingon Hor	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chaldereck, Mo	1f so, specify (Signed) Heliusery Falury M. D.
20. FILED May 15, 193 May May May Registrar.	(Address) Fredrich McC

CTATE OF MADYLAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SINFALL V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state

plnods

1. PLACE OF DEATH	i L Oi mixi		(31)
County Frederick			Registration Dist. No. 3
/ Village or City Frede	erick		No. Wilson Ave St., W
Length of residence in city or to	we where death occurred		f death, occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
Char	cles Lagran	M	mono.
Z. FULL NAME730		ace, Washin	If U. S. Veteran, specify WAR 110110
(a) Residence: No.		ce of abode)	Ward. If nonresident give city or town and State
PERSONAL AND ST	ATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex 4. color or a whit	OR DUVORO	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH May 25th., 193 (Month) (Day) (Yaar
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY. That I attended decassed
(or) WIFE of Maude 1	Miller		May 22, 1927, to May 25, 192
6. DATE OF BIRTH (month, day, and ye	ear) Feb. 6.	1878	I last saw him alive on 1000 257 , 1927; death is
	Months Days	If LESS than	to have occurred on tha data stated ebove, at 3 • 20 Am.
59	3 19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causas of Importanca wara as follows:
kind of work done, as SPI SAWYER, BOOKKEEPER, et S. Industry or business In which work was dona, as SILK M SAW MILL, BANK, etc	5/37 11. Total	Itima (years) pentin this 15 ccupation	Other Contributory Causes of Importance:
(State or country)	N. Y.		Ortino climo.
13. NAME William			
13. NAME William I 14. BIRTHPLACE (city or town) (State or country)	Hudson N. Y.		Name of operation Date of What test confirmed diagnosis? Clemes! Was there an autopsy?
15. MAIDEN NAME Mary	Jane Norel	L	23. If daath was dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town) (Stata or country)	Hudson N. Y.		Accident, suicide, or homicide?
17. INFORMANT 759 New (Address) 759 New			Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	Cem. Data May	7 27. 19 37	Manner of Injury
19. UNDERTAKER M. R. E. (Addrass) Frederic	tchison,& S	Son	24. Wes disease or Injury In any way related to occupation of deceased?
20 FILED 27 May , 1937	dra J. M	U - Registrar	(Signed) (Addrass) Frederick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 meek ann Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Jun 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Fredorick	Registration Dist. No. / 3/
Village or City 3. rederick	No. 21 W. Laull St. St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME - redriche Schmie	et If U. S. Veteran, specify WAR %
	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Markets	21. DATE OF DEATH May (1 193 7 (Month) (Oav) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mary Schmidt	22. I HEREBY CERTIFY. That I attend the green
6. DATE OF BIRTH (month, day, and year) bet-12-1866	but to die hafore my arrival mutational bour
7. AGE Years Months Deys If LESS than 1 dayhrs.	to have occurred on the date stated above, at
41 6 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Police O B. Jan.	0
kind of work done, as SPINNER, Returned Baker SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Maraiae - alexa
9. Industry or business in which work was done, as SILK MILL, Bakkly, SAW MILL, BANK, etc.	malandana during an
11. Total me (years) this occupation (month and year) 1236 spent in this occupation 3	attes of augine Peotral
B 00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sagaran	Condiac disease
II 13. NAME Sout Knows	
13. NAME 14. BIRTHPLACE (city or town) // // (State or country)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to externel causes (VIOL ENCE) fill In eiso the following:
	Accident, suicide, or homicide?Oate of injury
O 16, BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT & Kellerich Schmidt Jo. (Address) Schederick under	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mrt. O livet Cueltry Oate May 14 , 1934	Nature of injury
19. UNDERTAKER C. E. Cleich + Low (Address) Se beldere of Mid-	24. Was disease or injury In eny wey related to occupation of deceased?
20 FILEO / 4 - Vary , 1937 Ambeut	(Signed) Coreme M. D. (Address) Tedura M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related auses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Hill = 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

the moundy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	PELAC	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	2 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1977 3 Tags	July 5,1927	Peritonitis	3 days ago	
	WHEAU Y S.			,	
Other contributory causes	6.3	li men	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

IARGIN RESERVED FOR BINDING

V. S. No. 1

5462

1. PLACE O	F DEAT	H			23		
County		Frede	erick,		Registration Dist. No. 139		
Village or (orium, Mo	te No. St., death occurred in a hospital or institution, give its NAME instead of street and num 7. ds. How long In U.S. if of foreign birth? yrs. mos.	ber)	
		Amy Sei			If U. S. Veteran, specify WAR		
(a) Residen	ice: No	1505 ((Usual place o	L St.	St., Ward. Baltimore, Maryland If nonresident give city of town and St	te	
PERSON	AL ANI	D STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Female			s. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH May (Month) (Oey)	93. 7 (Yeer)	
5a. If married, widow HUSBAND ot (or) WIFE of	ved, or divor	F.H.	Seitz		22. I HEREBY CERTIFY, Thet I attended deceased from May 1 19 37, to May 8 19 37		
6. DATE OF BIRTH 7. AGE Yes		Months 7	Sept 15 Oays 23	1885 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2.05 mA. M. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	leeth is said	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (wonth and the companion (wonth and the compa					Pulmonary Tuberculosis	Mar	
year) Mar, 1937 occupation 30 Yrs				tin this OYrs	Other Coutributory Causes of importance:		
12. BIRTHPLACE (city or town) Lonaconing . (State or country) Maryland					Plaurisy with Effusion		
14. BIRTHPLACE (city or town) (State or country) Nova Scotia					Name of operation NONE Oete of What test confirmed diagnosis? Chest X-Ray Wes there an auto		
15. MAIDEN NAME Martha Bishop 16. BIRTHPLACE (city or town) (State or country) England. 17. INFORMANT Amy Seitz (Address) Baltimore, Md.					23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Place Frostburg, Md. Date Unknown					Manner of injury		
19. UNDERTAKER(Address)		M.L.Crei		Registras.	24. Was disease or injury in any way related to occupation of deceased? It so, specify	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

7. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1115 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	0.0000000000000000000000000000000000000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	5464
County toget Ench.	Registration Dist. No.
Village or City Sibartyton	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles The &	scutte,
(a) Residence: No. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 22 , 1933 7 (Month) (Day) (Vgat)
5a. tt married, widowed, or divorced HUSBAND of (or) WIFE of Jennie E. Davibles.	1 HEREBY CERTIFY, That I attended deceased from 19.36, to Way 22, 19.37
6. DATE OF BIRTH (month, day, end year) I ferel 14, 1868	I last saw have alive on May 22
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	1 A
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	to gall-stones: but the to a dis-
11. Total time (years) this occupation (months) year) 11. Total time (years) spent in this occupation	Level gall-Rodden Diseased gall-Bladden
12. BIRTHPLACE (city or town) Jyd, (State or country)	Other Cantributary Causes of importance:
13. NAME Chas. H. Sweeth	- Color Moore Freezes - fre
13. NAME Trans. W. Seareste	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Cath, Budden	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Cath, Buller 16. BIRTHPLACE (city or town) - 11/4. (State or country)	Accident, suicide, or homicide?
17. INFORMANT MO. Jenne E. Durette (Address) Walkeavelle Mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place Musy 25, 193	Manner of injury
19. UNDERTAKER Toyall talkaufly (Address) Lilisty town	24. Was disease or Injury in any way related to occupation of deceased? 25
20. FILED May 23, 1937 MA Confina	(Signed) Son It Deall M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimare, Requesting V. S. Na. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5465
1. PLACE OF DEATH	(48)
County Frederick	Registration Dist. No. 138
Village or City Backha Laws	NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) 105. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Lavena Snyder.	
(a) Residence: No. P.D. M. Guef Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If morried, without, or divorced HUSBAND of (or) WIFE of Educard Snyder.	22. THEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Trune 22, 1906	l last saw h. w alive on May 25 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:30 Pm.
30 10 29. 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A - A
SAWYER, BOOKKEEPER, etc	Carcenoma / Oervey april
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years)	1936
10. Data deceased last worked at this occupation (month end year)	
10 BIRTING ACT (-14)	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town) West. Virginia	- abdominal metasticia Dec
13. NAME Thomas Pritchard	1936
13. NAME Momas ritchard 14. BIRTHPLACE (city or town)	Name of operation Radiation only Date of
(State of County) / Post Origina	What test confirmed diagnosis? Was there an au opsy? NO.
15. MAIDEN NAME Cora Crosten.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Past Virginia.	Where did injury occur? (Specify city or town, county and State)
(Address) P.S. Mt. any, mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place rospect emby Dato May 23, 1957	Manner of injury
19. UNDERTAKER 6.M. Walts (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 22, 1937 Lucian K. Falconer	(Signed) Manly Frahl M. D.
Registrar. If more blanks are needed, address State Revisir.	Address Milling May My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	44	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial dephritis	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state

of OCCUPA.

5466

1. PLACE OF DEATH			(9)	
County Frederick			Registration Dist. No.	30
/ Village or City Frederick	Junction	1	No. Fred 1 k Jct. Nr. Fred 1 k St. death occurred in a hospital or iostitution, give its NAME iostead of street	
Length of residence in city or town where	death occurred)yrsmos	death occurred in a hospital or iostitution, give its NAME iostead of streetds. How long in U.S. if of foreign birth?yrs,	aod oumber)
2. FULL NAME Carl Elis			If U. S. Veteran, specify WAR None	
(a) Residence: No. Freder	ick Junct (Usualplace of		St., Ward. If connesident give city or town	and State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEAT	Н
Male 4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Divor	(write the word)	21. DATE OF DEATH May 26th (Month) (Day)	193. ¹⁷
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Golidie Co	ook		22. HEREBY CERTIFY, Thet I etter	
6. DATE OF BIRTH (month, day, and year)	ebruary 2	2. 1889	in TEAD	; death is seld
7. AGE Years Months 48 3	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1:45P m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER,	Prock Hor			Date of onset
SAWYER, BUUNKEEPER, etc			Neat Straks	5/21/2
work was done, as SILK MILL, B		road	× V	1201-1
10. Date deceased last worked at this occupation (month end year)	11. Total tin	in this 20		
12. BIRTHPLACE (city or town)			Other Contributory Causes of importance:	
(State or country)	yland			
	oper			
14. BIRTHPLACE (city or town)	yland		Neme of operation Oate What test confirmed diegnosis? Was there	of an autopsy? NO
15. MAIDEN NAME Virginia	a Lanehar	t	23. If death wes due to external causes (VIDLENCE) fill in also the following	owing:
16. BIRTHPLACE (city or town)	yland		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT Mrs. Golidie (Address) 403 E. Patri	C. Sope	r Fred!k 1	(Specify city or town, county ac Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL KOC Plece Nr. Buckeystov	ontz Char	eft Cem	Menner of Injury	
19. UNDERTAKER M. R. Etchi (Address) Frederick,	ison & Sc Maryland	n	24. Was disease or Injury in any way related to occupation of deceased	11.0
20. FILED May \$ 7, 1937	Just	CLLV- Registrar.	(Signed) Charles A Coulle (Address) Buckeystown, Mary	Rend M.D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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\$		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	•	
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DE	DEATH
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STATE OF 1. PLACE OF DEATH		CERTIFICATE OF DEATH	5467
County Frederick	3,00	Registration Dist. No.	3/
Village or City Frederick		No.371 Madison death occurred in a horpital or institution, give its NAME instead of stree ds. How long In U.S. If of foreign birth?	t., Ward
2. FULL NAME Mrs. Florer (a) Residence: No. 371 Madis	N. V. Starr	If U. S. Veteran, specify WAR_None St., Ward. If nonresident give city or too	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEA	
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH May 6th (Month) (Oay)	2, 193
5a. If merried, widowed, or divorced HUSBANO of James E. St	arr	22. I HEREBY CERTIFY. That i ett	ended deceased from
6. DATE OF BIRTH (month, day, and year)	01 1873	I last sew her elive on Mey 4 , 19	27; deeth is seld
7. AGE Yeers Months	Oeys If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated ebova 2 2 2 2 2 2 m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	e Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ousework	The hybriditis	7
SAW MILL, BANK, etc	t Home 11. Total time (years) spent in this 45	+ Hematinia	
12. BIRTHPLACE (city or town) Mary la	occupation	Other Contributory Causes of Importence:	14day
	er	Mamilia	
13. NAME Samuel Munshow 14. BIRTHPLACE (city or town) (State or country) Mary		Name of operation De What test confirmad diagnosts? Was the	ta of
16. BIRTHPLACE (city or town)	rown	23. If death was dua to external causes (VIOLENCE) fill in also the fo	
(Stete or country) 17. INFORMANT Mrs. J. G. Cri (Address) Frederick, Mar	swell	Whera did injury occur?	and State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mt. O Place Frederick, Md. o.	livet Cem. 5/10, 19 3	Manner of injury	
19. UNOERTAKER PRETICK, Md	n & Son	24. Was disaesa or injury in eny wey releted to occupation of deceas	ed?
20. FILEO May 8, 19.37 Dra	Registrar.	(Signed) Frederick, Id.	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of paset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	- T		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA.

1. PLACE OF DE	ATH			25 000	0
County	Freder	ick,		Registration Dist. No. 139	
Village or City			(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and num. 16 ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
2. FULL NAME	Andre	W L. St	trassner.	If U. S. Veteran, specify WAR	
(a) Residence: No.			field. A	vest., Ward. Baltimore, Marylan	d •
PERSONAL A	ND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race	s. single, Mar or divorce Marr	RRIED, WIDOWED, D (write the word) Led	21. DATE OF DEATH May 9 , 1 (Month) (Day)	937 (Year)
5a. If married, widowed, or di HUSBAND of (or) WIFE of		a P. S	trassner		., 19. 37
6. DATE OF BIRTH (month,	lay, and year)	ay 8 1	884	l last saw h. im alive on May 9 , 19 37;	leath Is sald
7. AGE Years	Months	Days	If LESS than I dayhrs.	to have occurred on the data stated above, a 2.05. Pm. M.	
53	0	1	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onset
8. Trade, profession, or kind of work don SAWYER, BOOKK 9: Industry or business work was done, a SAW MILL, BAN 10. Data deceased last v	in which	Police	nan	Pulmonary Tuberculosis	April
10. Data deceased last v this occupation (v year)		11. Total spe	tima (years) ent in the 5 Yrs. upation 5	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or tow (Stata or country)	n)	arvlan	3 ,	Muhaman lang Manihari dia	
	Frederic			Tuberculous Meningitis	
13. NAME 14. BIRTHPLACE (city or (State or country)	town)	arylan		Name of operation none Pos Spu Cale of What test confirmed diagnosis?	opsy?n(
15. MAIDEN NAME 16. BIRTHPLACE (city or (Stata or country)	Ella E.	Berry	1.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?	, 19
17. INFORMANT(Addrass)	Andrew L. Baltimor	Stras		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OF Place Balto	REMOVAL	Date Un	known, 19	Manner of injury	
19. UNDERTAKER (Address)	M.I. d Thuot	reager ont, M	d.	24. Was disease or injury in any way related to occupation of decaased? If so, specify (Signed) Sewant S. Shaffer.	.O

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: UN 5 1937 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5469
County Inederical	With the Abr. Delegistration Dista No. 3
Village or City Quederel Coty	Tacketal Trederick Cutsy Hospi Word
Length of residence in city or town where death occurred yes mos	f death occurred in a hospital or institution, give its NAME instead of street and number) 2. ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Mys 6 lla suelf.	If U. S. Veteran, specify WAR 20
(a) Residence: No. mt. Wing Made of abode) See	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wishamp of HUSBAND of	21. DATE OF DEATH (Nonth) (Day) (Yeer)
(or) WIFE of Daniel H. Stills	22. I HEREBY CERTIFY, That I ettended deceased from May (0, 193), to Mean (0, 193)
6. DATE OF BIRTH (month, day, and year) 200 - 4 1846	I last saw her flive on 193); death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, atm.
60 6 1 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPHNER. Hauseswife SAWYER, BOOKKEEPER, étc.	A formation of the state of the
kind of work done, as SPRINER. Accessing the SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	Krebral Heunshale may8
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Q
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Bloom Lield	Other Contributory Causes of importence:
(Stete or country)	Prouder Tuennia
13. NAME Wesley a. Wachter	
13. NAME Wesley a. Wachter 14. BIRTHPLACE (city or town) B Loon field (Stete or country)	Neme of operation Date of Date of
15. MAIDEN NAME	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Sugarna Smith 16. BIRTHPLACE (city or town) Bloom field, (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
17. INFORMANT Cyclary W- Stull (Address) Place #4, Med.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Charlesville, Md Date May 12, 1937	Neture of injury
19. UNDERTAKER C. E. Clino + Son (Address) 5 rederecte, md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12- May, 1936 Mileus Registrar.	(Signed) ED Thomas M.D. (Address) Redenst Mud
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of dea of importance were as follows:	th and related caused	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUN 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by strect car	1 week ago	
Cerebral hemorrhage	WIDPAU V.	S July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Exact statement

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back

ARGIN RESERVED FOR BINDING

1. PLACE	OF DEATH			(49-B) (7)		
County	Frederi	ck,		Registration Dist. No. 1	39	
		anatorio	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and 23 ds. How long in U.S. if of foreign birth? yrs.	War I number) mosd	
2. FULL N	AME Ida	Elizabet	th Taylor	If U. S. Veteran, specify WAR		
				St., Ward. Baltimore, Maryla	nd id State	
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Married Married			(write the word)	21. DATE OF DEATH May 28 (Month) (Day)	, 193_ 7 (Yaar)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Jesse Taylor				22. HEREBY CERTIFY, That I attended daceased f Sept. 5 ,19 36 to May 28,19 3		
7. AGE	Years Months 35 4 Ofession, or particular	Days 15	13 1902 If LESS than 1 day,hrs. ormin.	I last saw h. er. allve on May 28, 19 3 to have occurred on the date stated above, at 2.45 Ph. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
9. Industry of work SAW	of work done as SPINNER, IER, BOOKKEEPER, etc	11. Total ti		Carcinoma of Pleura.	June	
12. BIRTHPLACE (Stata or o		Baltimor Maryland	e.,	Other Contributory Causes of importance:		
13, NAME	William	H. Ger	man	1		
4.	ACE (city or town)	Maryland	4	Name of operation Done Date of What test confirmed diagnosis? Chest X-Ray Was there an		
15. MAIDEN NAME Mary V. Enos 16. BIRTHPLACE (city or town) (Stata or country) Maryland 17. INFORMANT Ida Elizabeth Taylor (Address) Baltimore, Md.				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
10 DUDIAL ODEN	Balto, Md		O WN , 19	Manner of injury		
19. UNDERTAKER (Address) 20. FILED.		der /Md/	Panister	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Sewart Samatos	no	

-WRITE

V. S. No. 1

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: • Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 3 1931	July 5, 1927	Peritonitis ,	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE, OF MARYLAND—	CERTIFICATE OF DEATH 5471
1. PLACE OF DEATH	(R) (Q)
County of teducity	Registration Dist. No. 75 14
Village or City D Muswick	No. 316 W. Toware St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,yrs,	death occurred in a hospital of institution, give its 1747(12) instead of street and number/ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME of rolin Menger The	If U. S. Veteran, specify WAR
(a) Residence: No. 316 W. Potomae	St 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH
Male white Married	(Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of	20 LUEDEDY CEDILEY/IN-1/1
(OI) VILLE OF of anna frew I howard	22. HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Sept 15, 1886	I last saw here elive on Rang 24 1937; death is seid
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, et 55 P m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
8. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, Jarull SAWYER, BOOKKEEPER, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked at	
SAW MILL, BANK, etc	aunal Fin 521/
10. Date decessed lest worked at this occupetion (month end) 1936 spent in this year) 1936 spent in this year)	
) Journal occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) I require (State or country)	07 000
	Julius Velime
E D	-7.
14. BIRTHPLACE (city or town) - Kurker (00 Mg)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
1	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
Mari Vannes Harred	(Specify city or town, county and State)
17. INFORMANT (Address) 31.6 W. France St	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL P	Manner of Injury
Place Park Hught rote May 10, 192)	Nature of injury
to Marchan Starl & Dail	24. Was disease or Injury In any wey related to occupation of deceased?
19. UNDERTAKER (Address) Suenowell 171 &	N. so, specify
on such leave St , of There H. C lake he in	(Signed) M. D
20. FILED WAY TO 190 Registrar.	(Address) B. Americal Bed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis JUN 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Male

7. AGE

OCCUPATION

FATHER

MOTHER

(or) WIFE of

5a. If married, widowad, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

28

8. Trede, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc....

9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

this occupation (menth and own

10. Date deceased last worked et

12. BIRTHPLACE (city or town)

15, MAIDEN NAME

(Address)

(Address)

13. NAME

17. INFORMANT

19. UNDERTAKER

20. FILED.

(State or country)

14. BIRTHPLACE (city or town).
(Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

RD. Every item of infor-YSICIANS should state Statement of OCCUPA-	County_ Village (Langth of	of DEATH Fred or City Stat residence in city or town where		No. If death occurred in a hosp s. 21 ds. How long
S H ts			TICAL PARTICULARS	MED
Y. Exa	3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF D

Months

0

Married

1909

If LESS than

Registrar.

Umore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

or min.

Dorothy Vitt

Days

Chauffeur

Maryland

Germany

Frederick William Vitt

Data Unknwon 19

Charles Henry Vitt

Winnie Bendig

Baltimore, Md

M.L.Creager

Thurmont

11. Total tima (yaars)

9

White

ATE OF DEATH 5472

St.,	Ward.	Baltime			nd : nd State
		AL CERTIFIC	ATE OF	DEATH	
21. DA	TE OF DEA	May i	(A Day)	, 193
to have o	h im alive	te stated ebova, at?	. Ma 4 .15 P	y 4 , 19 3	d deceased from , 19 37 7; death is said
The PRIM	OCIPAL CAUSE O	F DEATH and ralate	ed causes of in	nportance	Date of onset
Pu]	lmonary	Tubercu	losis		Nov. 1933
Othar Co	ntributery Causes	of Importance:			
Name of What tast	operetion	None Shest X	Pos- -Ray	Sp@sel Westhere er	m eutopsy?no
23. If death Accident, Where die	h was dua to axta suicide, or homic d injury occur?	rnal causes (VIOL El	NCE) filt In also	injury	ng:
	of injury				

V. S. No. 1

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li li	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
W1 1022	Other contributory causes of importance:			
May 1,1925	Gustroenteruts	C		
OR FURTH	ER STATEMENTS BY PHYSICIAN	18 190		
	1915 1921 July 5,1927 May 1,1923	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis		

TION is very important. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLA

Langth of residence in city or town where death occurred Royrs mos ds. How long In 2. FULL NAME A Franklas Wagaman If U. S. V (a) Residence: No. (Usual place of abode) St., Ward.	Registration Dist. NpSt.,Ward or institution, give its NAME instead of street and number) J. S. if of foreign birth?mosds. steran, specify WAR
Langth of residence in city or town where death occurred Royrs mos. ds. How long In 2. FULL NAME / Frankling Waganian If U. S. V (a) Residence: No. (Usual place of abode)	or institution, give its NAME instead of street and number) J. S. if of foreign birth?yrsmosds.
Langth of residence in city or town where death occurred Royrs mos. ds. How long In 2. FULL NAME A Franklin Wagarran If U. S. V (a) Residence: No. St., Ward.	J. S. if of foreign birth?ds
2. FULL NAME Roy Franklin Wagamanif U. S. V (a) Residence: No. St., Ward. (Usual place of abode)	
(a) Residence: No. (Usual place of abode) St., Ward.	eteran, specify WAR
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS MEDIC	If nonresident give city or town and State
	AL CERTIFICATE OF DEATH
4. COLOR OR RACE OF DE OR DIVORCED (write tha word)	TH Wey (Day (Year)
a. If married, widowed, or divorced HUSBAND of Cra M. Martin 22. I HER	7/1
Near 1	6 ,1937, to May 6 ,1931
DATE OF BIRTH (month, day, end year) Escape 1/2 1878 I last saw handle aliv	li a la l
	ate stated ebove, et/2.4.5.2m.
3 8 /// 3 ormin. The PRINCIPAL CAUSE (PF DEATH and related causes of Importance
8. Trede, profession, or particular kind of work done, as SPINNER,	
SAWYER, BUONNEEPER, etc.	un 2a
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date daceased last worked at 11. Total tima (years)	
this occupation (month and spant in this occupation	
Other Contributory Cause	for importance: P cool.
(State or country) Fredrich Co. Med	denie Colores
	The period of
- Chillian	server of
	Data of 1
what test confirmed diagr	
15. MAIDEN NAME Many Mills 23. If death was due to axt	ernal causes (VIOL ENCE) fill in also the following:
(6)-4	cide?, 19, 19
(State or country) Adams Co. Pa. Where did injury occur?	(Specify city or town, county and State)
7. INFORMANT Of a Magaznam Specify whether injury oc (Address) Emmals have Md.	urred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Menner of injury	
Place and May 19, 1937. Nature of Injury	
9. UNDERTAKER 2. L. Alfrica 24. Was disease or Injury	n eny way ralated to occupation of deceased?
(Address) Annal Lung May If so, specify (Signed) (Signed)	homen An Martine M.
Fiel perstar. (Address)	young puno My

STATE OF MARYLAND-CERTIFICATE OF DEATH

V. S. No. 1

B ż retalisted -

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows; EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
MAREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	100				

ADDITIONAL SI	PACE F	OR F	URTHER :	STATEMENTS	BY	PHYSICIAN

Bolling

	920
7	Firm the Derposale Mathe Registration Dist. No. 13
(If	No. 426 W. South death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
isner	If U. S. Veteran, specify WAR None
ode)	St., Ward. If nonresident give city or town and State
LARS	MEDICAL CERTIFICATE OF DEATH
, WIDOWED,	21. DATE OF DEATH May 14, 193 77 (Month) (Day) (Year)
1868 If LESS than day,hrs.	I HEREBY CERTIFY. That t attended deceased from
(years) this 48	Other Coutribatory Causes of Importance:
	Name of operation Dete of What test confirmed diagnosis? Wes there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicida, or homicide?
Cem. 37	Manner of injury
May Registrat.	24. Was disease or injury in any wey related to occupetion of deceased? II so, specily (Signed) (Address) Frederick, Maryland

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	Ji i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:	N
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STATE OF MARYLAND—CERTIFICATE OF DEATH

JP.	1. PLACE OF DEATH	349	
CCL	County 7 rederick Carrety	· Registration Dist. No. 131	
L O		No	Ward
t 2		death occurred in a hospital or institution, give its NAME, instead of street and death occurred in a hospital or institution, give its NAME, instead of street and death occurred in a hospital or institution, give its NAME, instead of street and death occurred in a hospital or institution, give its NAME, instead of street and death occurred in a hospital or institution, give its NAME, instead of street and death occurred in a hospital or institution, give its NAME, instead of street and death occurred in a hospital or institution, give its NAME, instead of street and death occurred in a hospital or institution, give its NAME, instead of street and death occurred in a hospital or institution of the control of the cont	
men	2. FULL NAME alongs Illilas	If U. S. Veteran, specify WAR Ho	
statement	(a) Residence, No. D. Jacker M. (Usual place of abode)	St., Ward. Doubs M.A. Circuity or town and	4.1× Co)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diale
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	7
ж Э .	Male Colared OR DIVORCED (write the word)	(Month) (Oay)	, 193(Year)
A A C T	5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended	deceased from
assi	(or) WIFE of Yoldie Frocter Welson	May 30, 1937, to May 3/	, 19.3.7
	6. DATE OF BIRTH (month, day, and year) Sept 2.3 1894	I last saw h 1 m alive on May 3/ 1, 19 3	; death Is said
erly icat	7. AGE Years 12 Months Oays If LESS than	to have occurred on the date stated above, atm.	
stated E properly certificate.	. 4.3 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
be s of ce	8. Trade, profession, or particular kind of work done, as SPINNER,	7/1-	8 4
	S-Industry or business in which	mungue	12mg 2.7
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	44	
G + G	10. Date deceased last worked at this occupation (month and year)	<i>y</i> .	-
oplied. AGE erms, so that instructions o	£100.10	Other Contributory Causes of importance:	4
so	12. BIRTHPLACE (city or town) The Control (State or country)	Intelies.	1935
supplied n terms, ee instru	13. NAME Bichard Wilson		
24 3	14, BIRTHPLACE (city or town) Frederick Co.	Name of operation Date of	
· 00	(State or country)	What test confirmed diagnosis?	aulopsy?
eful in p ant.	15. MAIDEN NAME & melie Grove Brance	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
	16. BIRTHPLACE (city or town) Tred erick Co.	Accident, suicide, or homicide? Date of injury	, 19
be can EATH import	(State or country)	Where did injury occur? (Specify city or town, county and Sta	
	17. INFORMANT MAL Frankle Britan	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PL	ACE.
should OF D s very	18. BURIAL, CREMATION, OR REMOVAL befored Cerustry 2 mg	Manner of Injury	
670	Place Sound of Rocker Dates They property 31	Nature of injury	
mation CAUSE TION is	19, UNDERTAKER M. R. Etchischt Jan	24. Was disease or injury in any way related to occupation of deceased?	2es
HOH	(Address) Hredericky, Ma	If so, specify	
D	20. FILED June 1, 1937 Dra & M. Cuidy	(Signed) Dolover	M. E
	Registrar.	(Address)	10
	if more blanks are needed, dadress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

ARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

N. B.-WRITE PLAINLY, WITH

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Example I			Example II	
The principal cause of death and relation of importance were as follows:	ed causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronic interestitical manhatist		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	AU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importan	ice:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

Village or City. Village or C	STATE OF MARYLAND—	CERTIFICATE OF DEATH	5476
Village or City. Langth of rasidence in city or town whare death occurred yr. Langth of rasidence in city or town whare death occurred in a hospital or institution, give in the NAME interest and ember? A. B. Word in U. S. I of training brith? If U. S. Veltgran, specify WAR. Langth of rasidence in city or town whare death occurred with the control of the contr	The state of the s	(13)	
Village or City. Langth of rasidence in city or town where death occurred. Langth of rasidence in city or town where death occurred. A. Residence: No. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Linal place of shock? (d) Linal place of shock? (e) Residence: No. (e) Residence: No. (f) Linal place of shock? (i) Linal place of shock? (ii) Linal place of shock? (iii) Linal place	County Frederick 7/2	Registration Dist. No. / 3/	
Langth of rasidence in city of town whate death occurred. Yes most discharged three and unaber) Langth of rasidence in city of town whate death occurred. Yes most discharged three words discharged three disc	Village or City Frederich	No Frederick Certy Hospital st	Ward
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (e) Residence: No. (f) Residence: No. (e) Residence: No. (f) Residence: No. (g) Residence: No. (h) Residenc	Langth of residence in eith or town where death convert	death occurred in a hospital or institution, give its NAME instead of street and n	
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) OR DIVORED (which the word) OR DIVORCED (which the word) OR DIVORCED (w	01 × 7.1.0	A	sds.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 2. SEX 4. COLOR OR RACE OR DIVORCED Currick word) OR DIVORCED CURRICATION OF Word word) OR DIVORCED CURRICATION OF Word word) OR DI	0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(2)	ma
3. SEX 4. COLOR OR RACE OR DIVORCED (which be word) OR DIV			State
So. If merried, widowad, or divorced Husbarton (Oray) From the profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc. SAWYER, BOOKEEPER, etc. 10. Date decased lank with was done, as SIK MILL, work as done as SIK MILL, work as done as SIK MILL, work as done as SIK MILL, work as done, as do	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
So. II merried, vidowad, or divorced (where of grant is the interest of the part of the p			~
HISBARD OF (Or) WIFE of Jeage J. Milliam (Or) J.	Temple while wdowed	70	
6. DATE OF BIRTH (month, dsf, and year) 7. AGE 7. AGE 7. AGE 8. Trede, profession, or particular kind of work dona, as SPINNER, SAWER, BOOKEPEPER etc. 9. If LESS than 1 day, hrz. or min. 8. Trede, profession, or particular kind of work dona, as SPINNER, SAWER, BOOKEPEPER etc. 9. Industry or business in which was done as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. AC Was disaase or injury in eny way related to occupation of dacased? 19. UNDERTAKER (Addrass) 19. Was disaase or injury in eny way related to occupation of dacased? 11. Total time (yeers) spant in this occupation of dacased? 19. UNDERTAKER (Addrass) 10. Date deceased last worked at this cannot be sollowing: Accident, suicide, or homicide? 24. Was disaase or injury in eny way related to occupation of dacased? 16. Surrede, profession, or particular and state of injury. 19. UNDERTAKER (Addrass)	HUSBAND of	22 LUEDERY CERTIEV That I attended	lancoad from
6. DATE OF BIRTH (month, def, and year) 7. AGE Yaars Months Oays If LESS than to heve occurred on the date steted ebove, et T. Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Oats of onset Ware as Follows: Oats of onset Oats of onse	(or) WIFE of George J. Wilson	74 19	
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(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Manager of Injury Place Manager of Injury Nature of Injury 19. UNOERTAKER Record Conference of Conferenc	minigal Frel.	(Specify city or town, county and State	CF
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the state of the s	The state of the s	24. Was disaase or injury in eny way related to occupation of dacaased?	ho
20. FILED 1 / (Signed) Y MIN (Signed) M. D.	(Addrass) Tydenia, My.	to be start of	
	20. FILED 1- / May 137 W. 1 Caurdy	1 (71
Registrar. (Address)			2.3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	D	Example II		
The principal cause of deat of importance were as follo	h and related causes ws: JUN 5 1937	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	BUREAU V.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	\$10.78 C.78 C. V.	July 5 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
		May 1,1923	Gastroenteritis	1 year	

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7. PH	Exact	
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stated	prope	TION is very important. See instructions on back of certificate.
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plnou	t may	back
E	at it	s on
AG	o th	tion
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mation	CAUS	LION
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH

5477

1. PLACE OF DEATH	- Girim
County frederick	Registration Dist. No.
Village or City Frederick	No trelines Cit Hospital St., Ward
Length of residence in city or town where death occurredyrs	(II death occurred in a hospital or minimutor, give its NAME instead of street and number)
	and the Manager of th
2. FULL NAME WAS AND WORK	If U. S. Veteran, specify WAR
(a) Residence: No. Usual place of abod	e) St., Ward. Deufull In a
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V	
Male Mit OR DIVORCED (write	190 1
5a. If married, widowed, or divorced	(Month) (Day) (Xaar)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
11.1.	may 25, 1937, 10 may 25, 193)
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on May 15 , 193 /; death is said
	LESS than to have occurred on the data stated above, at
Or	were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc.	1 1 0 6 00
9. Industry or business in which	There will - heary
work was done, as SILK MILL, Outhor	trocking telm 21
11. Total time (ye. this occupation (month and	ars) 10:134 P 1 + + + + + + 1:10+ 7 1:18
yaar) occupation	
12. BIRTHPLACE (city or town) Freduck Co-	Differ Continuoty Causes of Importance.
(Stata or country)	Shull be hair Western
13. NAME Servy Molfe	Railroad trock west of Thurmont and Morelan
13. NAME Acry Police 14. BIRTHPLACE (city or town) Indicate C	Name of operation 2000 Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy? Z1
15. MAIDEN NAME Anna Chash 16. BIRTHPLACE (city or town). Pulk	23. If death was due to external causes (VIDL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Tulk. Cb-	Accident, suicida, or homicide? Accident. Date of injury May 25, 19 37
∑ (State or country) ned	Where did injury occur? W. Thurmant, Frederick Courty manyland
17, INFORMANT This, Note	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Trickweek Wa	Rallove Cryma.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pick Collins Date Date	Nature of injury
19. UNDERTAKER 6 . E. Colque Low	24. Was disease or injury in any way related to occupation of deceased? _ \\ \mathcal{L} \mathcal{L} = \\ \mathcal{L} \mathcal{L} = \\ \mathcal{L} \mathcal{L} = \\ \mathcal{L}
(Addrass) Frederick Mid	If so, specify
20. FILED Man 26, 1937 Dra 7 MEN	udy (Signed) Thouse M. D.
	Registrar. (Address) Dagrellud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITHIN COMPORATE LINE

STATE OF MARYLAND	CERTIFICATE OF DEATH 5478
1. PLACE OF DEATH	(920)
De la constitución de la constit	Registration Dist, No.
Village or City & kunswesk	MoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME David Callon Uster	If U. S. Veteran, specify WAR
(a) Residence: No. Ootomas	St. Ward.
(Usual place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 6. SINGLE, MARRIED, WIDOWED, OK DIVORCED (write the word).	21. DATE OF DEATH (Day) (Day) (193 (Year)
5a. If married, widowad, or diverged HUSBANO of	
(or) WIFE of Jelia Mamey	1956 to May 1 attended dacased from
But 28 1885	I last saw his elive on Most 1937 : death is sel
6. DATE OF BIRTH (month, dey, and yaar) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, 1 10 0 m.
51 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trade, profession, or particular	wera as follows: Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, B + O P. P. SAWYER, BODKKEEPER, atc.	20100
9. Industry or business in which work was dona, as SILK MILL, Conductor	Mital Maulicelien 1935
1D. Data daceased last worked at this occupation (month end spent in this	3
year) occupation occupation	Othar Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	National Mark
1 30 2	acres 1 drings 1426
13. NAME C. Males 14. BIRTHPLACE (city or town). Visignia.	1200
(Stata or country)	Name of operation Date of
	What tast confirmed diagnosis? We was there an autopsy? Was there an autopsy?
	23. If death was due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicidet
16 Well y	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Middle town De Oate May # , 1937	Nature of Injury
CAthista reson -	24. Was disease or frigury impry way related to occupation of bacaasad?
19. UNOERTAKER MARIE MALO.	If so, spacify
	(Signed) A MARIE OF THE MARIE O
20. FILEO Way 4 , 1937 USA 142 D. Medistrar.	(Address) CKALL WELLIA - M
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDGAU V. S.	44.0			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

5479

1. PLACE OF DE	ATH			822	
County_Fred	erick			Registration Dist. No	
Village or City		leath occurred	IO (lf	No. S f death occurred in a hospital or institution, give its NAME instead of stree ds. How long in U.S. if of foreign birth? yrs.	et and number)
	Florenc	e Idel	la Youn	g	
DEDCOM			the state of the same of the s		7.15 1 A 1
PERSONAL A	OR OR RACE			MEDICAL CERTIFICATE OF DEA	IH
Female	White	or Divorcei	RIED, WIDOWED, D (write the word) W ed.	21. DATE OF DEATH May. IIth. (Month) (Day)	193,7 ₉₃
5a. If married, widowed, or di HUSBAND of (or) WiFE of Dr	J.D.S.Y		+h 7966	22. I HEREBY CERTIFY, That I att	
6. DATE OF BIRTH (month, of the state of the	Months 2	Days	if LESS than I day,hrs.	to have occurred on the date steted above, at II; 30Pn; M The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	
8. Trade, profession, or kind of work don SAWYER, BOOKK 9. Industry or business work wes done, e SAW MILL, BANY 10. Dete deceased last v	e, as SPINNER, EEPER, etc	Housewi Own h	fe	Cerebral Thrembons	apr. 12-3.
O Abi	vorked et nonth end Mch.	35 sper	ime (yeers) nt in this 30 upation 30	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or tow (State or country)	n) Lewis	town.		Cerebral anterio Sclerosis	1935
13. NAME Tho	mas C. F				
13. NAME Thomas 14. BIRTHPLACE (city or (State or country)	10WII)	stown.	<u>d</u>	Name of operation Name Of Operation Date What test confirmed diagnosis? Was the	
15. MAIDEN NAME	Phoebe	Bishop		23. if death was due to external causes (VIOLENCE) fill In elso the fo	diowing:
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)	(OIII)	stown Md	· · · · · · · · · · · · · · · · · · ·	Accident, suicide, or homicide? Date of injury	
17. INFORMANT Cly (Address)	de L. Graceba			(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) LIC PLACE.
18. BURIAL, CREMATION, OR Plece Phurmon	DEMOVAL	em. May	. I4th.3	Manner of injury	
19. UNDERTAKER	Thur		Son • MD Registrar.	24. Was disease or Injury in any way related to occupation of decease if so, specify (Signed) Church Tray (Address)	ed? No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BI	PHYSICIA

1. PLACE	OF DEATH			(94P)	
County	Frederick			Registration Dist. No. / 3	/
	or City Frederic	k		No. rederick Hospital St.	Wand
			(lf	death occurred in a hospital or institution, give its NAME instead of street and	number)
Langth of	rasidence in city or town when	e death occurred72	2yrs,mos	ds. How long in U.S. If of foreign birth?yrsn	nosds.
2. FULL	NAME Missi J	ulia May	Young	If U. S. Veteran, specify WAR none	
(a) Res	idence: No. 122 S.	Warket		St. Ward.	
(0) 1100		(Usual place	of abode)	If nonresident give city or town an	d State
PERS	ONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH May 22,	17
female	white	singl		(Month) (Day)	(Year)
5a. If married, w	idowed, or divorced				
(or) WIFE		-		22. I HEREBY CERTIFY, That I attended	deceased from
	M	arch 19,	1965	24.	7
7. AGE	TH (month, day, and year) Yaars Months		If LESS than	7.7 7.0 4.75	death is sald
7		Days 3	1 day,hrs.	to have occurred on the date stated above, at	
1			ormin.	were as follows:	Data of onset
Z R Trada, p	of work done, as SPINNER,	berite		Coronary	
SAW Industry	or husiness in which	occhon C	ohabl for	Thompwas	may 22
a worl	was done, as SILK MILL, D	eaf	CHUBI IO		1937
	ceased last worked at 7.93		me (years) 45		
	occupation (month and		tin this palion		
DIDTUDI AC	E (cily or town) Maryl	ลทิส		Other Centributary Causes of importance:	7
(State or	country)			1 yours	
13. NAME	Wm. Nash Yo	ung			
Ξ	Alah	9		Manual	
L 14. BIRTHP	ACE (city or town)			Name of operation Date of	
		Short		What test confirmed diagnosis? Was there an	
I -	Trel			23. If death was due to external causes (VIOLENCE) fill in also the following	-
	ACE (city or town)			Accident, suicide, or homicide? Date of injury	, 19
1 (0.0		Valle		Where did injury occur? (Specify city or town, county and St.	ate)
17. INFORMANT				Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC Pl	LACE.
	Frederick, MATION, OR REMOVAL	Frederi	ola		
	t.Olivet Cem	nate May	24. 1937	Manner of injury	
				Nature of injury	
	M. R. Etchi		n	24. Was disease or injury in any way ralated to occupation of daceased?	W.
(Addrass) Frederick,	Md.) /	If so, specify	
20. FILED W	24 24, 1937 Er	a + M-	udy	(Signed)	M. D.
	//		Registrar.	(Addrass)	. //

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Chronic interstitial nephritis JUN 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STATE OF THE STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 3 How long in U.S. if of foreign birth? U. S. Veteran, specify WAR If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

marrie (Dey) 5a. If married, widowed, or divorced **HUSBAND** of 22. That I attended deceased from (or) WIFE of Care 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Davs to have occurred on the date stated above. 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or ____ min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and yeer) spent in this 1936 occupation

Registrar.

12. BIRTHPLACE (city or town) (State or country) FATHER

14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Other Contributory Causes of importance:

Name of operation.

Accident, suicide, or homicide?

Where did injury occur?___ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury

24. Was disease or injury in any way releted to occupation of deceased?

If so, specify

(Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis June	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year